

Case Number:	CM14-0010360		
Date Assigned:	02/21/2014	Date of Injury:	10/04/2013
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 24-year-old male who has filed a claim for lumbar sprain/strain associated with an industrial injury date of October 04, 2013. A review of progress notes indicates low back pain radiating into the left thigh and testicle, associated with occasional paresthesia. There is some improvement with chiropractic therapy and acupuncture. Findings include tenderness; spasms; decreased range of motion; and sensory deficit at the L3, L4, and L5 distributions, right more than the left. MRI of the lumbar spine dated December 02, 2013 showed disc desiccation at L5-S1 with protrusion causing central canal and foraminal stenosis, and L4-5 disc bulge. The treatment to date has included NSAIDs, Tylenol, muscle relaxants, topical medication, chiropractic therapy, and acupuncture. Utilization review from January 13, 2014 denied the requests for NCV of bilateral lower extremities as it is not recommended to diagnose radiculopathy when symptoms are presumed to be based on radiculopathy; Flexeril HCl 10mg as benefits were not documented, and as this medication is not recommended for long-term use; Naproxen Sodium 550mg as there was no documentation of benefit and Omeprazole 20mg as there is no mention of increased risk of GI events. There is modified certification for acupuncture for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that the time to produce functional improvement is 3 - 6 treatments. In this case, there is worsening of the patient's lumbar symptomatology despite being on anti-inflammatories and muscle relaxants. However, the requested body part to which these sessions are directed to is not indicated, and the requested quantity exceeds guideline recommendations. Therefore, the request for acupuncture qty 8 was not medically necessary.

RETROSPECTIVE NCV OF BILATERAL LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient has lower extremity symptoms consistent with lumbar radiculopathy. Therefore, the retrospective request for NCV of bilateral lower extremities was not medically necessary.

FLEXERIL HCL 10MG (UNSPECIFIED QUANTITY) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since October 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. This medication is not indicated

for long-term use. Also, the requested quantity is not specified. Therefore, the request for Flexeril HCl 10mg was not medically necessary.

NAPROXEN SODIUM 55MG (UNSPECIFIED QUANTITY) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since October 2013. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, the requested quantity is not specified. Therefore, the request for Naproxen Sodium 550mg was not medically necessary.

OMEPRAZOLE 20MG (UNSPECIFIED QUANTITY) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since October 2013. There is no documentation of any of the abovementioned risk factors in this patient. Also, the requested quantity is not specified. Therefore, the request for Omeprazole 20mg was not medically necessary.