

Case Number:	CM14-0116522		
Date Assigned:	08/04/2014	Date of Injury:	01/29/2008
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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/Preventative 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 injured worker is a 51-year-old female with a reported date of injury on 01/29/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar spine musculoligamentous sprain/strain with associated bilateral lower extremities radiculitis, L3-4 paracentral and central disc extrusion with severe central stenosis and effacement of the left L4 nerve root. Cervical spine musculoligamentous sprain/strain with associate bilateral upper extremity radiculitis and disc bulge/protrusion with stenosis at C3 through C7. Her previous treatments were noted to include physical therapy, chiropractic therapy, acupuncture, an Orthostim unit and medications. The progress note dated 03/13/2014 revealed the injured worker complained of cervical spine pain with bilateral upper extremity radicular symptoms and lumbar spine pain with bilateral lower extremity pain. The injured worker described the pain as severe, constant, sharp, numb and weak. The physical examination revealed tenderness to palpation to the bilateral paravertebral muscles and positive axial compression testing. There was decreased sensation to the bilateral C5 through C8 dermatomes. The physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasming and a positive straight leg raise. There was decreased sensation to the L4-S1 dermatomes. The injured worker indicated her pain scale with medications was 5/10 and without medications 8/10, and with medications she was able to perform activities of daily living, work, and improve her sleep pattern. The Request for Authorization form was not submitted within the medical records. The request was for 120 Ultram 50 mg for pain and Axid 150 mg quantity 60 for non-steroidal anti-inflammatory drugs (NSAID) induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 DOS: 5/21/14: 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 Topic Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker with medications her pain was rated 5/10 and without medications it was rated 8/10. The injured worker indicated with medications she was able to perform activities of daily living, work, and improve her sleep pattern. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, without details regarding side effects and urine drug testing to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.

Axid 150mg Qty 60 DOS: 5/21/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state the physician should determine if the patient is at risk for gastrointestinal events, such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). The documentation provided did not show the injured worker taking NSAIDs to warrant Axid. The documentation provided did not show the injured worker utilizing NSAIDs to warrant Axid. There is a lack of documentation showing medication induced dyspepsia to warrant this medication. The request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Sleep Study Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: While MTUS Guideline in ACOEM Chapter 5, page 92, does acknowledge that referrals may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the applicant's primary treating provider (PTP) has failed to outline any compelling rationale or basis for the proposed sleep consultation, although, as with the other requests, it is acknowledged that the claims administrator has seemingly failed to incorporate the May 21, 2014, progress note on which this and other items were requested into the independent medical review packet. The information which is on file, however, does not outline the presence of any bona fide sleep disorder or sleep disturbance associated with obstructive sleep apnea, narcolepsy, shift work disorder, etc., which would compel a sleep specialty consultation. The American Academy of Sleep Medicine (AASM) suggests that sleep studies and, by implication, sleep specialty consultations should be reserved for applicants in whom there is "reasonable clinical suspicion of breathing (sleep apnea) or movement disorders." In this case, however, it appears that the applicant may have some element of sleep disturbance secondary to pain. This does not, however, suggest the presence of a bona fide sleep disorder for which a sleep specialty consultation would be indicated, based on the information currently on file. Therefore, the request for a Sleep Study Consult is not medically necessary.