

Case Number:	CM14-0134820		
Date Assigned:	08/27/2014	Date of Injury:	06/06/2010
Decision Date:	09/23/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 53 year old female who sustained a work injury on 6/6/10. The claimant reports ongoing low back pain. Office visit from 7/14/14 notes the claimant reports Tramadol is not helping. She has tenderness to the lumbar spine. The claimant is continued with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAID's.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that NSAIDs (non-steroid anti-inflammatory drug) are not recommended for long term use. The claimant has ongoing symptoms and ongoing use of NSAIDs is not indicated. There are no extenuating circumstances to support exceeding the current treatment guidelines. Therefore, this request is not medically necessary.

Prilosec 20 mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of medicine.

Decision rationale: US National Library of medicine notes that prescription Omeprazole (Prilosec) is used alone or with other medications to treat gastroesophageal reflux disease (GERD). Nonprescription (over-the-counter) Omeprazole is used to treat frequent heartburn (occurrence of heartburn at least 2 or more days a week). Omeprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach. There is an absence in documentation noting that this claimant has secondary GI effects or that the continued use of NSAID is indicated. Therefore, this request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter muscle relaxants.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Therefore, this request is not medically necessary.

Follow-up visit with Osteopathic Medicine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC: Pain Procedure Summary-Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - office visits.

Decision rationale: ACOEM Guidelines as approved by CA Chapter 5 Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Ideally, the clinician has previously visited

the job site and knows the functional demands of the position. If this is not possible, a review of the job description is appropriate. Clinicians must step beyond their usual medical treatment approach and actively communicate with other members of the return-to-work program including employers and/or payers. It is paramount that the clinician understands the importance of communication with the worker on return to full function as early as possible in a participatory management approach. A follow-up visit with his treating doctor is reasonable and medically indicated to assess this claimant functional status and/or need for ongoing care. Therefore, this request is medically necessary.