

Case Number:	CM14-0154462		
Date Assigned:	09/24/2014	Date of Injury:	08/14/2007
Decision Date:	12/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 has a reported date of injury of 08/14/2007. The patient has the diagnoses of foraminal stenosis L4/5 and L5/S1, facet arthropathy L4-L5 and S1, cervical pain, rule out cervical radiculopathy, bilateral median neuropathy and left cubital tunnel syndrome. Per the most recent progress notes provided by the primary treating physician dated 07/11/2014, the patient had complaints of low back pain rated a 7/10, cervical spine pain rated a 6/10, elbow pain rated a 6/10, right wrist/hand pain rated a 5/10 and left wrist/hand pain rated a 3/10. The physical exam noted lumbar and cervical spine tenderness with limited range of motion. The treatment plan recommendations included continued physical therapy, updated MRI of the cervical spine and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy at 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. Besides stated deconditioning, there is no other objective evidence provided for continued physical therapy. The goal of physical therapy is transition to home therapy after a specified number of sessions. There is no indication in the documentation why the patient would require more sessions than recommended per the guidelines. In the absence of such documentation, the request is not medically necessary.

Naproxen Sodium 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Per the guidelines this medication is recommended for the shortest period of time and at the lowest dose possible. The maximum dose of Naproxen is 1500 mg for limited periods of time. The requested medication is at the maximum dose limit and exceeds the usual BID dosing recommended for this medication. For these reasons criteria set forth for the use of the medication have not been met and therefore the request is not medically necessary.

Pantoprazole 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. The patient does have reported GI upset with NSAID therapy. There is no indication why a PPI would be needed over a H2 blocker. In addition the dosing of this medication is in excess of the routine recommendations. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.