

Case Number:	CM14-0158604		
Date Assigned:	10/02/2014	Date of Injury:	05/17/2013
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, mid back pain, shoulder pain, generalized anxiety disorder, and posttraumatic stress disorder reportedly associated with an industrial injury of May 17, 2013. In a Utilization Review Report dated September 3, 2014, the claims administrator denied laboratory testing, approved the neurological consultation, denied 12 sessions of physical therapy, partially approved Naprosyn, partially approved Prilosec, partially approved Norco, and denied Fexmid. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, the applicant reported persistent complaints of neck, low back, shoulder, and mid back pain with derivative complaints of anxiety and psychological distress. Epidural steroid injection therapy was reportedly pending. Pre-procedure laboratory testing was endorsed. Neurologic consultation for headaches and dizziness along with 12 additional sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. Naprosyn, Prilosec, Norco, and Fexmid were all refilled while the applicant was placed off of work. There was no explicit discussion of medication efficacy. It was stated that Prilosec was being prescribed for gastritis secondary to NSAIDs. In an earlier note dated June 20, 2014, the applicant was again placed off of work, on total temporary disability, for six weeks, while Naprosyn, Prilosec, and Norco were refilled. 12 to 18 sessions of physical therapy were sought at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab tests: CBC, SMA7, PT/PTT and UA prior to injections for clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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: Medscape, Preoperative Testing Article.

Decision rationale: The attending provider suggested that he is performing these tests prior to pursuit of epidural steroid injection therapy. The MTUS does not address the topic of preoperative testing. However, as noted in Medscape's Preoperative Testing Article, routine preoperative testing of healthy applicants undergoing elective surgery is not recommended. Medscape goes on to recommend a selective strategy based on applicant-specific risk factors. In this case, there was no mention of any applicant-specific risk factors present here which would compel any of the preoperative testing at issue. It is further noted that the applicant is in fact, seemingly pursuing epidural steroid injection therapy as opposed to any kind of more invasive surgical intervention, further obviating the need for the proposed laboratory testing. Therefore, the request is not medically necessary.

Continue Physical Therapy 2 x 6 (12 visits) for the Cervical, Lumbar, Thoracic and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, 8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS 9792.20f

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly dependent on various opioid and non-opioid medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Refill Anaprox 550mg , #120, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS 9792.20f

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Anaprox (naproxen) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing use of naproxen. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing naproxen usage. Ongoing use of naproxen has failed to curtail the applicant's dependence on opioid medications, such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing naproxen usage. Therefore, the request is not medically necessary.

Refill Prilosec 20mg , #60, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, as appears to be present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, however, the attending provider has failed to outline how (or if) ongoing usage of Prilosec has succeeded in curtailing the applicant's symptoms of reflux. Therefore, the request is not medically necessary.

Refill Norco 10/325mg , #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Fexmid 7.5mg , #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, both opioid and non-opioid. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.