

Case Number:	CM14-0168928		
Date Assigned:	10/17/2014	Date of Injury:	10/08/2008
Decision Date:	11/21/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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:

According to the submitted documents, this is a 59-year-old woman who was injured on 10/8/8. She was injured lifting a heavy patient off the floor and felt popping her back. She did see a spine surgeon and there was discussion for fusion but the determination was to continue with conservative treatment. She has had transforaminal epidural corticosteroid injections in the lumbar region with good relief in the past. She has had chronic low back pain with previous radiofrequency ablation in the lumbar region. She has had radiographs and MRI of lumbar spine in the past. The disputed requests are ibuprofen 800 mg, Dexilant, acupuncture times 6 addressed in utilization review determination of 9/23/14. That letter indicates that the reviewer spoke directly with the physician on 9/23/14. The provider indicated the patient had had 100% pain relief with the left-sided radiofrequency ablation procedure from L3-L5. The provider reportedly indicated that the patient actually should be transitioned to over-the-counter medications not requiring the 800 mg ibuprofen or the Dexilant. Over-the-counter forms of those medications were thought to be adequate. Acupuncture was also reportedly not needed according to the provider at that conversation. The patient was felt to be able to address the pain flare-up with over-the-counter medications and along with the effects of the radiofrequency procedure and home exercises. The rationale for the denial of these requests was, according to the utilization review determination, based on the discussion with the provider. There is a 9/10/14 progress note authored by the nurse practitioner rather than the physician (who apparently did not see the patient that visit). At that time the patient was complaining of increased pain over last couple of weeks due to a lot of family stress. She did get benefit from the radiofrequency lessening in May but the past couple of weeks were rough with pain up to 7/10. It is not usually that high. There is no leg pain. Back pain is muscular. She is to continue with ibuprofen and Cymbalta without any side effects. Patient's medication list includes both Dexilant and Protonix. She has a past history

of peptic ulcer disease and GERD but there was no mention of any active symptoms. Examination of the low back did not document any positive findings on the muscular skeletal exam, neurologically there was some is slightly diminished strength in the right lower extremity compared to the left without mention of specific muscle groups. Diagnoses were chronic pain syndrome; disc displacement with radiculitis-lumbar; lumbosacral spondylosis without myelopathy; morbid obesity; chronic peptic ulcer. She is recommended to continue the ibuprofen and the Dexilant and acupuncture times 6 for the bilateral lower back pain was requested. There is no mention whether or not the patient had had previous acupuncture. Specific functional goals of treatment with the acupuncture were not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS NSAIDS, nonselective NSAIDs and ibuprofen Page(s): 67-68, 71-72.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory medication which MTUS guidelines support in the lowest possible dose for the shortest possible time for use for flare-ups of chronic pain. Patient was experiencing a flare-up of her pain and had been using the 800 mg ibuprofen prior to that, although there is no mention of the actual previous frequency of use. Presumably she would have been using that dose to treat the flare-up of that pain which reportedly reached a 7/10 which was unusually high for the patient. Although the M.D. in the telephone conversation reportedly did not think the patient needed the prescription strength at the time, the nurse practitioner who actually saw the patient did continue it. It would be reasonable for this patient to use the higher dose of the anti-inflammatory, short-term for the flare-up. Therefore, to give the patient the benefit of the doubt and based upon the evidence and the guidelines this is considered to be medically necessary.

Dexilant #30: 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: This is a proton pump inhibitor also known as dexlansoprazole. MTUS guidelines do not specifically address this proton pump inhibitor but do state that patients who are at increased risk for gastrointestinal side effects to nonsteroidal anti-inflammatory drugs should receive prophylaxis with a proton pump inhibitor. This patient has a history of chronic peptic ulcers and GERD. However, the report states the patient using another proton pump

inhibitor, Protonix. There is no rationale for why this patient would require the use of 2 proton pump inhibitors. One should be sufficient. Therefore based upon the evidence and the guidelines, this is not considered to be medically necessary.

Six sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines state that acupuncture is an option when pain medication is reduced or not tolerated and that it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, there is no documentation that the patient's pain medication has not been tolerated; the patient does do a home exercise program. There were no significant abnormal findings noted on the physical examination and the report did not document any functional limitations in activities of daily living. There is no mention of what the specific functional goals of the acupuncture treatment were. Therefore, this clinical presentation, based upon the evidence and the guidelines, does not support the medical necessity for the acupuncture.