

Case Number:	CM14-0174144		
Date Assigned:	10/24/2014	Date of Injury:	06/06/2010
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 52-year-old male with a 6/6/10 date of injury, when she sustained an injury to the right shoulder while moving a heavy desk. The patient underwent right shoulder abscess removal in 06/2010. The patient was seen on 3/17/14 with complaints of pain in the thoracic and lumbar spine. The exam revealed decreased and painful range of motion of the lumbar spine. The patient was seen on 7/14/14 with complaints of 7/10 pain in the lumbar spine. The note stated that Tramadol did not help and the patient requested stronger pain medication. The physical examination was not documented. The diagnosis is thoracic and lumbar sprain/strain; cervical disc protrusion and right shoulder degenerative joint disease. Treatment to date: cervical epidural steroid injection (CESI), work restrictions, physical therapy (PT) and medications. An adverse determination was received on 9/30/14 for lack of functional improvement, gastrointestinal complaints, and muscle spasm. The request for UA was denied due to partial certification on 9/2/14 and lack of documentation regarding aberrant behavior. The request for follow up visit in 4 weeks was denied given that reevaluation visit in 6 weeks was certified on 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section.

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

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However the patient was noted to be on Naproxen at least from 3/17/14, there is a lack of documentation indicating subjective and objective functional gains from prior use. During the office visit dated 7/14/14 the patient stated that Tramadol did not help and the patient requested stronger pain medication. In addition, there is a lack of rationale indicating necessity for treatment with Naproxen and the Guidelines do not support long-term treatment with this medication. Lastly, the quantity was not specified in the request. Therefore, the request for Naproxen was not medically necessary.

Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However the patient has been noted to utilize Prilosec at least from 3/17/14, there remains no report of gastrointestinal complaints. There is no rationale with regards to necessity for this medication for the patient and the quantity was not specified. Therefore, the request for Prilosec was not medically necessary.

Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Flexeril (Cyclobenzaprine) is recommended as an option, using a short course of

therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However the patient has been noted to utilize Flexeril at least from 3/17/14, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the latest progress report did not report any muscle spasms. Lastly, the Guidelines do not support long-term treatment with muscle relaxant and the request did not specify the quantity. Therefore, the request for Flexeril was not medically necessary.

Urine Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing.

Decision rationale: CA MTUS does not specifically address urine analysis. ODG states that preoperative testing (e.g., chest radiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. However, it is not clear if the request was made for urine analysis or urine drug screen testing. The patient has been noted to utilize opioids and per reviewer's notes the request for UDS was partially certified on 9/2/14. There is a lack of documentation indicating that the patient was scheduled for a surgery and there is no rationale with regards to the necessity for a urine analysis for this patient. Therefore, the request for urine analysis was not medically necessary.

Follow-up in four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits

Decision rationale: CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment,

being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However there is no rationale with regards to the necessity for a follow up in 4 weeks visit for the patient. In addition, the reviewer's notes indicated that the patient was partially certified for a follow up visit in 6 weeks on 9/2/14. Therefore, the request for Follow up visit in 4 weeks was not medically necessary.