

Case Number:	CM14-0178636		
Date Assigned:	10/31/2014	Date of Injury:	11/02/2000
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain 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:

This is a male patient with a date of injury of November 2, 2000. A utilization review determination dated October 9, 2014 recommends non-certification of omeprazole 20 mg #60, oxycodone 5 mg #90, and chiropractic therapy 2x6 for the low back. A progress note dated September 8, 2014 identifies subjective complaints of aching pain on the right side of the lower back which the patient rates at a 3/10 on the pain scale. The patient states that he is feeling relief from his MLD and that this allows him to be more active. The patient reports that prolonged sitting and laying down causes an increase in pain. The patient reports that his pain is reduced with rest. The patient states that he is having some pain into the left low back. The patient reports radiation aching and stabbing pain into the left lower extremity. He states that his pain has been flaring up over the past few days causing a 5/10 stabbing pain to the thigh and calf. The patient reports that he wants to decrease his Percocet dosing as he is trying to wean the medications. The patient states that the regimen helps to reduce his pain 50% and allows him to improve his sleep to 4-6 hours at a time. The patient denies any side effects to the medications. Physical examination reveals range of motion of the lumbar spine is decreased in all planes, lower extremity sensation is intact bilaterally, and left psoas, quadriceps, and hamstrings are a 4/5. The diagnoses included status post micro lumbar decompression to the left L3-4, L4-5, and L5-S1 on June 4, 2014, post-op pain, lumbar facet syndrome, status post micro lumbar decompression surgery on August 4, 2008, status post left knee surgery in January 2010, and status post right shoulder arthroscopic knee in March 2010. The treatment plan recommends continuation with lumbar core HEP to help decrease pain and with ambulation, continue to request post op chiropractic rehabilitative therapy 2x6 weeks, continue with a home exercise program, trial fenoprofen 400mg #60, Prilosec 20 mg #60, oxycodone 5 mg #90, and the plan is to continue to wean the patient's medication at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): 70-71, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia, specifically abdominal pain, secondary to NSAID use. As such, the currently requested omeprazole 20mg #60 is medically necessary.

Oxycodone 5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Specific Drug list, Weaning of Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79,120.

Decision rationale: Regarding the request for oxycodone 5mg #90, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and there is documentation regarding side effects. However, there is no discussion regarding aberrant use, but a one month supply of medication should be sufficient to allow the requesting physician to provide better documentation. As such, the currently requested oxycodone 5mg #90 is medically necessary.

Chiropractic therapy 2 x 6, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: Regarding the request for chiropractor therapy 2x6 for low back, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractor therapy 2x6 for low back is not medically necessary.