

Case Number:	CM14-0180099		
Date Assigned:	11/04/2014	Date of Injury:	11/13/2012
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 injured worker's date of injury is 11/13/2012. This patient receives treatment for chronic low back pain, sacroiliitis, chronic low back strain with radiculitis, and urge incontinence. The patient went through a functional restoration program. The patient has obesity. The patient receives treatment for anxiety, insomnia, and depression. The treating physician mentions a "history of suicidality." Initially injured in 2006, the patient received hydrocodone with acetaminophen for low back pain, but stopped this due to hallucinations. The patient then received PT and epidural injections (documentation not included for review). A lumbar MRI on 11/20/2012 showed degenerative changes with some foraminal stenosis at L5-S1. The consulting neurosurgeon did not recommend surgery. On exam the only positive neurologic finding is a sensory deficit at L5-S1 on the left. On palpation there was tenderness at the SI joint. Medications used include: Prednisone taper, gabapentin, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: This patient has chronic low back pain that dates back to 2006. There was a flair up in 2012. There is no clear documentation of any more recent flair up that would require manual therapy at this time. The pertinent MTUS chronic pain guidelines that address the facts of this case state that manual therapy and manipulation is not medically indicated for elective, maintenance care. Chiropractic care is not medically necessary.

Lunesta 2mg: Upheld

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

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: Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com

Decision rationale: This patient receives treatment for both major depression and insomnia. Insomnia often accompanies major depression. Medical treatment guidelines warn that reliance on hypnotics do not result in impressive relief from insomnia, and can produce side effects such as hallucinations, and lead to dependence and drug tolerance. Addressing sleep hygiene does lead to improvement in restorative sleep. In addition, this patient has obesity and may have OSA, obstructive sleep apnea, for which there is no documentation. Lunesta is medically approved for use in the treatment of insomnia for limited time; however, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. In addition, the treating physician has not stated the daily dose nor the monthly amount for this medication. Lunesta is not medically necessary.

Effexor 100mg: Upheld

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

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: Serotonin-norepinephrine reuptake inhibitors (SNRIs): Pharmacology, administration, and side effects, by Michael Hirsch, MD, et al; UpToDate.com

Decision rationale: Effexor 100 mg is an SNRI. Drugs in this class may be medically indicated for some patients with major depression or panic disorder with or without agoraphobia. The treating physician has not stated a daily dose nor a monthly amount for this SNRI antidepressant. Given the missing data in the documentation and request, this request is not medically necessary.

Ibuprofen 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: NSAIDs may be medically indicated for the short-term management of low back pain flair-ups, not the long-term management of low back pain, which this patient has. In addition, the treating clinician has not documented the daily dose nor the monthly number of pills requested. This request for ibuprofen is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor, a PPI, which may be medically indicated to treat peptic ulcer disease complications that can be associated with taking NSAIDs orally. There is no documentation of this hazard for this patient. The request for omeprazole is not medically necessary.

Dendracin Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical analgesics are largely experimental in use, as there is a paucity of clinical data that shows any effectiveness in treating chronic pain. In addition, a compounded topical cream, if it contains at least one drug or drug class that is not recommended, then that product is not recommended. Dendracin is a topical cream that is sold over the counter. Dendracin contains menthol, capsaicin, and methyl salicylate. Menthol is not medically indicated for any type of chronic pain. Salicylates are not medically indicated when applied topically. Dendracin is not medically necessary.

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin is considered an anti-epilepsy drug (AED). Gabapentin is effective in treating painful diabetic neuropathy and postherpetic neuralgia, neither of which this patient has. Gabapentin may be effective in spinal stenosis, which the patient doesn't have. Gabapentin is not medically necessary.