

Case Number:	CM14-0020185		
Date Assigned:	04/25/2014	Date of Injury:	12/05/2009
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation 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 injured worker is a 58 year old male who reported an injury on 12/05/2009 secondary to unknown mechanism of injury. The injured worker was evaluated on 01/20/2014 for reports of remaining symptomatic. The exam noted tenderness to palpation of the lumbar spine, range of motion at 30 degrees flexion, 20 degrees right lateral bending, 20 degrees left lateral bending, 25 degrees right lateral rotation and extension at 20 degrees, decreased sensation to the L5 distribution and trace weakness of the left extensor hallucis longus and tibialis anterior. The diagnoses included degenerative disc/joint disease, left lumbar radiculopathy and degenerative joint disease of the lumbar spine. The treatment plan included continued medication therapy and completion of work conditioning therapy as it had been beneficial for the patient and has decreased the patient's pain level. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) 2 TIMES A WEEK FOR 6 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-33.

Decision rationale: The California MTUS Guidelines recommend an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. There is a significant lack of evidence that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement in the documentation provided. The exam noted the reasoning for continuing the program was due to a decrease in the injured worker's pain level. However, there is no significant quantitative evidence of the injured worker's pain level. Therefore, based on the documentation provided, the request is not medically necessary.

PROTONIX 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker is on NSAIDs, however, there is no evidence in the documentation provided of a risk for gastrointestinal events or the efficacy of the medication. Therefore, the request is not medically necessary.

NORCO #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.