MAXIMUS Federal Services

Case Number:	CM14-0021437		
Date Assigned:	05/07/2014	Date of Injury:	01/23/2007
Decision Date:	07/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 48-year-old female who reported an injury on 01/23/2007, due to a heavy lifting incident. The clinical note dated 02/03/2014 revealed physical examination findings of tenderness to palpation on the right lower back, decreased lumbar range of motion and flexion, extension, lateral flexion, and rotation, and a positive bilateral straight leg raise. The injured worker was diagnosed with chronic low back pain due to work related injury on 01/23/2007, post anterior lumbar fusion 2008, status post hemi laminectomy 2011, and left lumbar radiculopathy affecting L5 and/or S1. The injured worker's treatment plan included a hold of the caudal epidural injections until medical clearance from the injured worker's gynecologist, continued Exalgo extended release 8 mg daily times 30, continued Dilaudid 2 mg 3 times a day as needed for breakthrough pain, naproxyn 500 mg twice a day times 60, and Flexeril 7.5 mg 3 times a day as needed for pain times with a quantity of 90. The provider recommended continued pain management, Zanaflex, Prilosec, and Naproxen. The Request for Authorization form and the provider's rationale was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PAIN MANAGEMENT: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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 the eventual patient independence from the healthcare system through self care as soon as clinically feasible. Included medical documents lack of evidence of a complete and accurate pain assessment of the injured worker. There was a lack of a measurable objective baseline as which to compare the efficacy of the current pain management given. As such, the request is not medically necessary.

ZANAFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs, and pain and overall improvement, and efficacy appear to diminish over time. Prolonged use of some medication in this class may lead to dependence. There was a lack of documentation of a complete and adequate pain assessment for the injured worker. The efficacy of the medication was not provided. The submitted request did not provide a dosage or frequency for the medication. As such, the request is not medically necessary.

PRILOSEC: 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: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events include age greater than 65; a history of peptic ulcer, GI bleed or perforation; concurrent use of ASA, corticosteroids and/or an anticoagulant; or high dose/multiple NSAIDs. The medical documentation did not indicate that the injured worker had gastrointestinal symptoms. The

documentation submitted did not indicate the injured worker had a history of peptic ulcer, GI bleed or perforation. It did not appear that the injured worker is at risk for gastrointestinal events. The efficacy of this medication was not provided. There was a lack of documentation of a complete and adequate pain assessment for the injured worker. The request as submitted failed to provide the frequency and quantity. As such, the request is not medically necessary.

NAPROXEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines state naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. It is generally recommended that the lowest effective dose be used for NSAIDs for the shortest duration of time consistent with the injured worker's treatment goals. The included medical documentation lacked evidence of a complete and accurate pain assessment. The efficacy of the medication was not provided within the documentation. The requested did not indicate the dose or frequency of this medication. As such, the request is not medically necessary.