

Case Number:	CM14-0029156		
Date Assigned:	06/16/2014	Date of Injury:	02/28/2013
Decision Date:	08/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The injured worker is a 65-year-old female who reported an injury on 09/28/2013. The mechanism of injury was not provided. On 01/10/2014 the injured worker presented with pain to the lumbar spine with some numbness to the right leg. Upon examination, there was a positive straight leg raise to the right and spasm noted over the lumbar paraspinal muscles. Current medications included omeprazole, Neurontin, Orudis, and Flexeril. The diagnoses were myofascial pain syndrome, lumbar strain, and lumbosacral radiculopathy. The provider recommended chiropractic treatment, Flexeril, Orudis, Neurontin, and omeprazole. The provider's rationale was not provided. The request for authorization form was dated 08/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 60-61, 67.

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

Decision rationale: The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of

manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. There was lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The amount of chiropractic therapy that the injured worker has already completed was not provided. Additionally, the provider's request does not indicate the site the chiropractic therapy was intended for. As such, the request is not medically necessary and appropriate.

Flexeril (7.5mg by mouth 3 times daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The provided medical records lacked documentation of significant objective functional improvement with this medication. The provider's rationale for the request was not provided. The injured worker has been prescribed Flexeril since at least 01/2014. The efficacy of the medication was not provided. Additionally, the guidelines state that treatment should be brief and the request for Flexeril 7.5 mg exceeds the guideline recommendation of a short course of therapy. The provider's request did not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Neurontin (600mg, 3 times daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 51-52.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for first time treatment of acute exacerbations. They show no benefit beyond NSAIDs and overall improvement in efficacy appears to diminish over time. Prolonged use of some medications and this possibly may lead to dependence. The injured worker has been prescribed Neurontin since at least 01/2014. The efficacy of the medication was not provided. Additionally, the guidelines recommend a short term treatment, and the provider's request for Neurontin 600 mg 3 times daily exceeds the guideline recommendations of short term

treatment. The provider's request did not indicate the quantity of the medication in the request as submitted. As such, the request is non-medically necessary and appropriate.

Omeprazole (20mg, 1 tablet daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation ODG Pain Chapter-PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. It may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those at moderate to high risk for gastrointestinal events. The included medical documentation lacks evidence that the injured worker is at moderate to high risk for gastrointestinal events. The injured worker has been prescribed omeprazole since at least 01/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

Orudis 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

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

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDS for injured workers with osteoarthritis including knee and hip and injured worker's with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDS at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. For injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDS as an option for short term symptomatic pain relief. A complete and adequate pain assessment of the injured worker was not provided. Additionally, the provider's request does not indicate the dose or frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.