

Case Number:	CM14-0029315		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2012
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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, and is licensed to practice in Texas. 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 24-year-old who sustained an injury on August 6, 2012 while lifting cases of water. The injured worker indicated his back popped resulting in low back pain radiating through the lower extremities. Prior conservative treatment was provided by a treating physician, however, the injured worker did not improve. The injured worker underwent a lumbar decompression at L5-S1 in January of 2012. Other treatment has included an extensive amount of chiropractic therapy through 2013 for ongoing complaints of low back pain. The injured worker had been followed by a pain management physician. Electrodiagnostic studies from June of 2013 were noted to be normal. As of November of 2013, the injured worker had completed 22 sessions of physical therapy. Medications prescribed included Norco, Prilosec, and topical Terocin. The injured worker denied any side effects with medications; however, there was a note regarding ongoing irritable bowel syndrome. The clinical report on January 6, 2014, noted the injured worker had continuing pain 7/10 on the visual analog scale (VAS). The injured worker was continuing on a home exercise program and no further side effects were reported with medications. Physical examination noted tenderness to palpation in the lumbar spine with limited range of motion. Sensation was intact in the lower extremities with mild weakness noted at the left extensor hallucis longus and on eversion. The injured worker was recommended to continue with Prilosec 20mg, quantity 60 for gastric protection as well as a LidoPro cream. Follow up on February 26, 2014 noted persistent pain 6/10 on the visual analog scale (VAS). The report indicated that chiropractic therapy up to 23 sessions had decreased pain and allowed for an increased level of function. The injured worker denied any continuing side effects from medications and reported the medications were beneficial. Physical examination findings remained unchanged. The injured worker was prescribed a topical Ketoprofen compounded medication at this evaluation and continued on other prescribed medications. Another 12

sessions of chiropractic therapy were recommended at this evaluation. The requested Prilosec 20mg, additional chiropractic therapy, and the LidoPro topical ointment were all denied by utilization review on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain Guidelines.

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

Decision rationale: In regards to the use of Prilosec 20mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request was non-specific in regards to quantity, frequency, or duration. The request for Prilosec 20mg is not medically necessary or appropriate.

Additional chiropractic treatment, lumbar spine, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: In regards to the requested additional chiropractic treatment for this injured worker, this reviewer would not have recommended the request as medically necessary. The clinical documentation provided for review indicated the injured worker has had a substantial amount of chiropractic therapy to date at at least 23 sessions through 2014. Per guidelines, chiropractic therapy can be utilized as an option in the treatment of chronic musculoskeletal complaints. The last chiropractic therapy report from November of 2013 did not identify any specific functional benefits obtained with the use of the therapy. The clinical notes also did not identify any specific functional benefits obtained other than generalized pain improvement and an increased level of function. No further goals were set by the pain management physician with the use of continued chiropractic therapy. The request for additional chiropractic treatments for the lumbar spine is not medically necessary or appropriate.

LidoPro Topical Ointment 4oz, Qty: 1.00: Upheld

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

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

Decision rationale: In regards to the requested LidoPro topical ointment, 4 oz., this reviewer would not have recommended this medication as medically necessary. This was prescribed in January of 2014; however, it was discontinued for a topical compounded Ketoprofen ointment in February of 2014. There was no indication of any prior use of anticonvulsants or antidepressants which are 1st line medications in the treatment of neuropathic symptoms. Although considered an option in the treatment of neuropathic pain, the clinical documentation submitted for review did not support its use in this injured worker. The request for LidoPro topical ointment, 4 oz, is not medically necessary or appropriate.