

Case Number:	CM14-0035491		
Date Assigned:	06/23/2014	Date of Injury:	01/18/2012
Decision Date:	12/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Emergency 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 is a patient with reported date of injury on 1/18/2012. No mechanism of injury was provided for review. Patient has a diagnosis of disc herniation with annular tear of lumbar region, L L4-5 lumbar radiculitis and lumbago. Medical reports reviewed. Last report was reviewed until 2/26/14. Several reports up until 11/25/14 were also sent. These reports were not reviewed. Request for services was submitted and reviewed around 3/5/14; therefore, documentations were reviewed only around that time period since prospective information does not retrospectively change criteria used in independent medical review as per MTUS guidelines. Note on 2/26/14 states that patient was complaining of improvement in pain, with pain of 3-5/10. Patient has been receiving TENS and acupuncture treatment and reportedly decreased opioid pain medications (no objective number was documented). Objective exam reveals mild lumbar pain with some pain with range of motion. Tenderness to L paraspinal region, noted improvement in muscle spasms. Antalgic gait noted. From note from 2/26/14 states that MRI of lumbar spine showed L4-5 disc herniation with annular tear, L3-4 and L5-S1 minor disc protrusion. Lumbar joint hypertrophy bilaterally from L3-L5. No actual report or date of MRI was provided. Acupuncture was reportedly with 6 sessions providing "40% relief." Patient also has had 12 prior sessions in 2013 that provided "60% relief." No rationale or reasoning was provided for prescriptions under review. Last medication list was noted in progress note from 2/5/14 include Axid, Flexeril, Lidocaine patch, Norco, Topamax, Zofran, Gabapentin, Omeprazole, Naproxen and Ibuprofen. No imaging or electrodiagnostic reports were provided for review. Patient had reported L5 transforaminal epidural steroid injection on 12/20/13 and L5 and L5 radio frequency ablation of medial branch on 1/10/14. Independent Medical Review is for continuation of acupuncture for 1 per week for 6weeks(6total) for lower back; Flexeril 5mg

#90 with 3refills; Zofran ODT 8mg #10 with 3refills and Omeprazole 20mg #80 with 3refills. Prior UR on 3/5/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture continued for one time a week for six weeks, in treatment of the lower back quantity #6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture Guidelines, patient has had multiple acupuncture sessions and has had claimed improvement in pain up to 40%. However, this claim of improvement is confounded by concurrent physical therapy and recent radio frequency ablation. The claimed "40%" improvement does not meet MTUS guideline definition of Functional Improvement. Poor documentation of improvement and exceeding recommended treatment time of 1-2months does not support continued acupuncture. Acupuncture is not medically necessary.

Flexeril 5 mg tablet sig 7.5mg po tid prn spasm quantity: 90 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. There is no documentation by the provider about objective improvement in muscle spasms or proper monitoring of side effects. The number of tablet is does not meet MTUS recommendation for short term use and the number of requested tablets and refills is medically inappropriate. Cyclobenzaprine is not medically necessary.

Zofran Odt 8mg tablet SIG: qd prn n/v Quantity: 10 Refills: 3: Upheld

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

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

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron/Zofran is an anti-nausea medication. As per Official Disability Guidelines (ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. There is no documentation provided by treating physicians about nausea or any complaints of nausea. Due to lack of documentation with no noted symptoms that warrant an anti-emetic, Ondansetron is not medically necessary.

Omeprazole DR 20 mg capsule SIG: po bid Quantity: 80 Refills: 3: Upheld

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

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

Decision rationale: Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. There is no documentation of either on the most recent progress notes. The number of tablets requested is not appropriate for required monitoring as per MTUS guidelines. Omeprazole is not medically necessary.