

Case Number:	CM14-0037167		
Date Assigned:	06/25/2014	Date of Injury:	10/12/2012
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Illinois. 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 60-year-old female who reported an injury from loading and unloading a dishwasher on 10/12/2012. In the clinical notes dated 05/15/2014, the injured worker continued to complain of low back pain that radiated to the right lower extremity. It was annotated the injured worker's pain level status was an 8/10 coming down to 5/10 with medication. It was also noted that the Norco was doing well with the exception of a little heartburn. It was also noted that the Prilosec significantly helps that. Prior treatments included physical therapy, pain medications, and assistive devices for ambulation. The injured worker's prescribed medication regimen included Norco 2.5/325 mg twice a day, gabapentin 600 mg, Flexeril 7.5 mg twice a day as needed, Prilosec 20 mg twice a day, Biofreeze gel, and metformin, Diovan, insulin, and inhalers per primary care physician. In the physical examination, it was noted that the injured worker was morbidly obese and that she walked slowly with an antalgic gait with a walker. The diagnosis included low back pain. A CT of lumbar spine from 01/29/2013 showed right-sided foraminal stenosis at L5-S1, central canal stenosis at L4-5 broad-based bulging disc, degenerated disc most prominent at L3-4. Prescribed medications are Norco, gabapentin, Prilosec #120, Biofreeze #2, and continuation of exercise and weight loss. It was noted that the injured worker's only side effect with medication was heartburn and that there was no aberrant drug behavior. The Request for Authorization for Prilosec 20 mg and a tube of Biofreeze gel was submitted on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g. NSAID plus low dose ASA). In the clinical notes provided for review, it is annotated that the injured worker complained of slight heartburn with the use of Norco. However, there is a lack of documentation of the injured worker having a history of peptic ulcer, GI bleeding, or perforation which would warrant the use of Prilosec. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

Biofreeze #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Biofreeze cryotherapy gel.

Decision rationale: The Official Disability Guidelines (ODG) state that Biofreeze cryotherapy gel is recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. In the clinical notes provided for review, there is a lack of documentation of the efficacy of the Biofreeze gel that the injured worker has been noted to be using. It is only documented of the injured worker's pain level status with the use of Norco. There is also lack of documentation of the area and frequency to which the bio gel is to be used. Furthermore, the guidelines state that the use of Biofreeze is for acute pain. Therefore, the request for Biofreeze #2 is not medically necessary.

Acupuncture treatment, one time a week for eight weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in the anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatment with a frequency of 1 to 3 times per week with the optimum duration of 1 to 2 months. In the clinical notes provided for review, there is a lack of documentation of the requesting physician providing evidence and documentation for the use of acupuncture. There is also a lack of documentation of the injured worker's neurological or functional status. Furthermore, the request exceeds the duration recommended by the guidelines of functional improvement in 3 to 6 treatments. Therefore, the request for acupuncture treatment, 1 time a week for 8 weeks, for the lumbar spine, is not medically necessary.