

Case Number:	CM14-0061279		
Date Assigned:	07/09/2014	Date of Injury:	08/31/2011
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 52 year old female who reported an injury to her lumbar region and left knee on 08/31/11. No inciting injury was identified in the submitted documentation; however, there does appear to be a cumulative trauma type injury to the back and knees. The injured worker reported repetitive work related incidents. The utilization review dated 04/14/14 resulted in denials for acupuncture, an epidural steroid injection, the use of Cyclobenzaprine, Naproxen, and Omeprazole. Insufficient information had been submitted regarding the injured worker's treatment history to include the number of acupuncture sessions having been completed as well as the injured worker's response. Additionally, no evidence of the injured worker's neurologic deficits was identified in the appropriate distributions. Insufficient information had been submitted regarding the ongoing use of Cyclobenzaprine, Naproxen, and Omeprazole. The clinical note dated 03/19/14 indicates the injured worker complaining of low back, bilateral wrist, and left knee pain that was rated as 7-8/10 on the visual analog scale. Numbness and tingling were identified in both feet. Prolonged sitting exacerbated the injured worker's pain. Tenderness was identified upon palpation throughout the lumbosacral paraspinal musculature. The note does indicate the injured worker having a positive straight leg raise bilaterally. The clinical note dated 10/24/13 indicates the injured worker reporting numbness and tingling as well as weakness and spasms in the lower extremities. Radiating pain was identified from the low back into the lower extremities. The injured worker stated that her pain level is improved with acupuncture treatments. There is an indication that the injured worker has undergone an MRI of the lumbar region on 01/05/13 which revealed multi-level disc protrusions. A disc bulge was also identified at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2X4 to lumbar spine and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49 , 67.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. There is an indication that the injured worker has previously undergone acupuncture treatments. However, no treatment notes were submitted for review. Therefore, it is unclear if the injured worker responded with any objective functional improvement. Without this information in place, it is unclear if the injured worker would likely benefit from additional acupuncture at this time. Therefore the request is not medically necessary.

Lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: There is an indication that the injured worker has previously an epidural injection at the L5-S1 level. However, no information was submitted regarding the injured worker's response to the injection to include any pain reduction along with an objective functional improvement. Without this information in place, it is unclear if the injured worker will likely benefit from a 2nd injection. Therefore the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The clinical documentation indicates the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Flexeril cannot be established at this time.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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: Proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include 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. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.