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| Case Number: | CM14-0072398 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 07/13/2009 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 01/21/2009. The mechanism of injury was not provided. Her diagnoses included lumbar spine injury, diabetes mellitus, and hyperlipidemia. Past treatments include medication. No pertinent diagnostic tests provided. No pertinent surgical histories provided. On 02/12/2014, the injured worker was seen for surgical clearance due to a low back injury. She denied any chest pains, shortness of breath, nausea, vomiting, constipation or diarrhea. Upon an examination of her back, there was tenderness bilaterally. The recommendation and treatment plan were to have CBC, comprehensive metabolic panel, PT, PTT, hemoglobin A1C as well as EKG and chest x-ray, follow-up in 1 week with all medications for review, and future management and recommendations depending on their work. The request is for physical therapy post-operatively #18, Levaquin 500 mg #20, Prilosec 20 mg #90, and Ambien 5 mg #60. The rationale was not provided. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy post-operatively #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Physical Medicine, pages 98-99.

Decision rationale: The request for physical therapy post-operatively #18 is not medically necessary. The injured worker has a history of back pain. The CA MTUS guidelines recognize passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Furthermore, the requesting provider did not indicate the specific extremity or extremities requiring strengthening and increase range of motion necessary for physical therapy sessions. There is lack of documentation as to the surgery being performed. There is a lack of documentation as to the body part physical therapy is to be used for. The guidelines suggest a trial prior to with documentation of functional improvement. As such, the request is not medically necessary.

Levaquin 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Levofloxacin (Levaquin®).

Decision rationale: The request for Levaquin 500 mg #20 is not medically necessary. The injured worker has a history of back pain. Official Disability Guidelines (ODG) recommends Levofloxacin as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). There is no standardized protocol or evidence based guideline to support the medical need for an oral post-operative antibiotic. There is no frequency provided within the request. It is unclear if the medication is to be used pre or post-surgery. As such, the request is not medically necessary.

Prilosec 20mg #90: Upheld

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

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

Decision rationale: The request for Prilosec 20 mg #90 is not medically necessary. The injured worker has a history of back pain. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high

dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is lack of documentation of a prior peptic ulcer, GI bleed, perforation, or any other gastrointestinal event. There is lack of frequency within the request. As such, the request is not medically necessary.

Ambien 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

Decision rationale: The request for Ambien 5 mg #60 is not medically necessary. The injured worker has a history of back pain. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is lack of documentation of insomnia. There is lack of documentation of the frequency upon the request. As such, the request is not medically necessary.