

Case Number:	CM14-0074046		
Date Assigned:	07/16/2014	Date of Injury:	02/21/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 30-year-old female who was reportedly injured on February 21, 2012. The mechanism of injury was noted as a lifting type event. The most recent progress note dated April 28, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a very stiff individual with a guarded/protective nature to her presentation. A significant range of motion to 20 to the right was noted. There was tenderness to palpation, a decrease in lumbar spine range of motion, and a positive Lasegue's sign. The diagnostic imaging studies reportedly demonstrated a disc herniation at L4-L5 causing a spinal stenosis. Previous treatment included multiple medications and conservative care. A request was made for multiple medications and urinalysis toxicology and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. It also was used as a gastric protectant for those individuals utilizing non-steroidal medications. However, there is no notation of any gastric complaints noted in the history. Furthermore, there are no findings on physical examination to suggest there are any gastric issues. Therefore, there is no noted efficacy or utility with medication particularly when there are no symptoms. As such, the medical necessity has not been established.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, there is support for the use of muscle relaxant medications in short-term, acute episodes when addressing musculoskeletal flare-up type pain. There is no endorsement for chronic or indefinite use. Thus, when noting the date of injury and the findings on physical examination, there is no clinical indication for chronic use of this medication, as there is no objectified efficacy or utility. Therefore, based on the data presented for review, this is not medically necessary.

U/A Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, Pain procedure summary-Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 4, page 78.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine guidelines, drug testing is an option when there is a concern of illegal drugs, illicit use, drug diversions, or inappropriate analgesia. Based on the progress notes presented for review, these parameters appear to exist. As such, there is no clinical indication for this type of testing and this is not medically necessary.