

Case Number:	CM14-0075894		
Date Assigned:	07/16/2014	Date of Injury:	05/17/2011
Decision Date:	09/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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:

The patient is a 49 year old female who was injured on 05/17/2011. The mechanism of injury is unknown. She has been treated conservatively with outpatient physical therapy which has provided her with improvement in symptoms. She has had left sacroiliac joint injection on 06/13/2013 which provided 50% relief in symptoms lasting 3 months. Her past medications as of 04/22/2014 included Norco 10/325, Anaprox DS 550 mg, FexMid 7.5 mg, and Prilosec 20 mg a day. The progress report dated 04/22/2014 stated that the patient had complaints of low back and left hip pain. She gives her pain a rating of 6/10 during flare-ups but with medication it decreases to a 4/10. She reported she is able to perform daily chores, cooking and cleaning with less pain. On examination of the lumbar spine, there is tenderness to palpation bilaterally with increased muscle rigidity. She had numerous trigger points that were palpable and tender with taut bands throughout the lumbar paraspinal muscles. Lumbar range of motion revealed flexion to 60; extension to 25; left lateral bend to 25; and right lateral bend to 25. Motor muscle testing is 5/5 in all muscle planes. Assessments are left sacroiliac joint dysfunction, medication induced gastritis, and lumbar myoligamentous injury with left lower extremity radicular symptoms. The patient was also given Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg and Fexmid 7.5 mg. The prior utilization review dated 05/12/2014 states the request for additional physical therapy x 8 visits is certified but has been modified for physical therapy x 5. The evaluation individual cognitive behavioral treatment is denied. The acupuncture x 12 visits is certified but has been modified to acupuncture x 6 visits. The retrospective request for Norco 10/325mg #60 with date of services of 2/13/2014 was denied as there is no documented pain relief from this medication. Furthermore, the retrospective request for Prilosec 20mg #60 was denied as there is no documented evidence of gastrointestinal risks and the retrospective request for FexMid 7.5mg #60 was not certified as guidelines support short term use only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

Decision rationale: According to MTUS guidelines, physical therapy may be recommended for acute exacerbations of chronic pain up to 10 visits over 8 weeks. In this case 8 additional physical therapy visits are requested for a 49-year-old female injured on 5/17/11 with chronic back pain. However, history and examination findings fail to establish clinically significant functional improvement from prior physical therapy. The patient is stated to have failed conservative care in terms of pain. Therefore, the request is not medically necessary.

Evaluation Individual Cognitive Behavioral Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavioral Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Psychological Treatment Page(s): 23, 101-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Psychological Treatment, Cognitive Behavioral treatment.

Decision rationale: According to the MTUS Guidelines and Official Disability guidelines (ODG), Cognitive Behavioral Therapy (CBT) may be recommended for 3-4 visits over 2 weeks if there has been a failure of physical medicine. In this case, an evaluation for cognitive behavioral treatment is requested for a 49-year-old female with depression, anxiety, and chronic pain. She has been treating with a psychologist through her personal insurance. The patient has failed physical medicine therefore, this request is medically necessary.

Acupuncture x 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Acupuncture.

Decision rationale: According to the MTUS and Official Disability ODG guidelines (ODG), acupuncture may be indicated for chronic pain. An initial trial of 3-6 visits is recommended to assess functional improvement. In this case 12 visits are requested which is in excess of guideline recommendations. Therefore, the request is not medically necessary.

Retro Norco 10/325mg #60 DOS: 02.13.2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain >, < Opioids >.

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Long-term use may be indicated if functional improvement is established though efficacy has not been clearly demonstrated in chronic low back pain. In this case, the patient is a 49-year-old female with chronic low back pain taking Norco on a long-term basis. However, history and examination findings do not demonstrate clinically significant functional improvement, pain reduction or decreased dependency on medical care due to opioid use. Therefore, the request is not medically necessary.

Retro FexMid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain >, < Cyclobenzaprine>.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is not recommended for long-term use due to lack of demonstrated efficacy. In this case the patient is taking Fexmid on a chronic basis for chronic low back pain without demonstrated functional improvement, pain reduction or reduction in dependency on medical care. Therefore, the request is not medically necessary.

Retro Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain >, < PPI>.

Decision rationale: According to MTUS guidelines, proton-pump inhibitor (PPI) are recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) at moderate to high risk of gastrointestinal events. In this case, the patient is taking Anaprox on a chronic basis for chronic low back pain. The patient has documented GI upset from oral NSAIDs and a diagnosis of medication-induced gastritis. Therefore, the request is medically necessary.