

Case Number:	CM14-0077200		
Date Assigned:	07/18/2014	Date of Injury:	10/24/2012
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old male who reported an injury to his low back when he was lifting printers to set up on 10/24/12. Utilization review dated 07/23/14 resulted in denials for acupuncture, Neurospine evaluation, and cyclobenzaprine and modified approvals for omeprazole and tramadol. A clinical note dated 08/01/13 indicated the injured worker complaining of low back pain. The injured worker reported continuous pain in the low back described as throbbing sensation. Upon exam sensation was decreased in right L5 and S1 dermatomes. A clinical note dated 11/21/13 indicated the injured worker continuing with low back pain radiating to bilateral lower extremities. Upon exam spasms and tenderness were identified in the paravertebral musculature of the lumbar spine. Flexion/extension was decreased. The operative report dated 01/25/14 indicated the injured worker undergoing epidural block at L5-S1. The AME dated 02/04/14 indicated the injured worker rating low back pain 4-5/10 radiating to dorsum of right foot. The injured worker demonstrated 40 degrees of lumbar flexion. No sensory deficits were identified in the lower extremities. A clinical note dated 03/10/14 indicated the injured worker being recommended for a weaning off of narcotic medications. Labs urine drug screen on 03/29/14 indicated positive findings. The injured worker previously underwent acupuncture treatments in the remote past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment QTY:8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker previously underwent acupuncture treatments in the lumbar spine. However, no objective clinical data was submitted regarding response to treatment. Without any sufficient information of objective functional improvement for the initial course of treatment this request is not recommended as medically necessary.

Neurospine evaluation QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 503.

Decision rationale: The injured worker received adequate treatment and evaluations in the past for lumbar spine pain. Therefore, it is unclear how the injured worker will benefit from Neurospine evaluation at this time. No information was submitted regarding the need for additional evaluation. Therefore, this request is not indicated as medically necessary.

Cyclobenzapine 7.5mg QTY:90.00: 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 treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker 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 cannot be established at this time.

Omeprazole 20mg QTY:90.00: 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 injured workers 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 > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Tramadol ER 150mg QTY:30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.