

Case Number:	CM14-0077581		
Date Assigned:	08/06/2014	Date of Injury:	02/23/2006
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
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 Physical Medicine & Rehabilitation, 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 37-year-old female who reported an injury on 02/23/2006. Her diagnoses were noted to be degenerative disc disease of the lumbar spine with radiculopathy, herniated nucleus pulposus at L4-5, and L5-S1. Prior treatments were noted to be epidural steroid injections, chiropractic care, and medications. Diagnostic testing included an MRI of the lumbar spine. The clinical evaluation on 04/14/2014 noted the injured worker with subjective complaints of low back, and bilateral lower extremity symptoms of numbness and tingling. She rated her pain a 5/10 on the pain scale. The objective findings indicated tenderness to palpation of the lumbar paraspinals bilaterally. Spasm noted at the lumbar paraspinals. Gait was antalgic and she used a cane. Medications were noted to be Norco, Flexeril, Omeprazole, and Nortriptyline. The treatment plan was for additional chiropractic therapy and refill of medications. The rationale for the request was noted within the treatment plan. A Request for Authorization Form was not provided with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Insert Section Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for those at risk of gastrointestinal events. Risk factors include greater than 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of NSAIDs or corticosteroids and/or anticoagulants, and use of aspirin. According to the documentation provided for review, the injured worker is not at risk of gastrointestinal events. There are no indications that she had efficacy with prior use of Omeprazole. The provider's request fails to indicate a dosage frequency. Therefore, the request for Omeprazole 20 mg quantity 60 is not medically necessary.

Hydrocodone/APAP 5/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 5/325 quantity 90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to indicate an adequate pain assessment. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Hydrocodone/APAP 5/325 quantity 90 is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

Decision rationale: The request for Flexeril 10 mg quantity 30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although, it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. Cyclobenzaprine is Flexeril; the injured worker has prior use of Flexeril without documented efficacy. In addition, the recommendation does not allow for long term use. The provider's request fails to indicate a dosage frequency. As such, the request for Flexeril 10 mg quantity 30 is not medically necessary.

Chiropractic two times a week for four weeks lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for Chiropractic 2 times a week for 4 weeks lumbar is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Recommended for low back, a trial of 6 visits over 2 weeks with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. The provider's request is in excess of the recommendation trial according to the guidelines. As such, the request for Chiropractic 2 times a week for 4 weeks lumbar is not medically necessary.