

Case Number:	CM14-0086842		
Date Assigned:	07/23/2014	Date of Injury:	07/23/2012
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/10/2014

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 records presented for review indicate that this 29-year-old gentleman was reportedly injured on July 23, 2012. The mechanism of injury is noted as unloading granite. The most recent progress note, dated June 14, 2014, indicates that there are ongoing complaints of low back pain and left leg pain. The physical examination demonstrated tenderness throughout the lumbar spine and decreased lumbar spine range of motion. There was a positive left-sided straight leg raise test at 65 and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for omeprazole, Percocet, chiropractic care twice a week for four weeks, and work hardening/strength program 2 to 3 times a week for four weeks and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of Gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Percocet 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet is not medically necessary.

Chiropractic Care 2 x per Week x 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines chiropractic care is recommended as an option for the lower back with a trial of six visits over two weeks time with evidence of functional improvement. As this request is for eight visits, the request for chiropractic care twice week for four weeks is not medically necessary.

Work Hardening/Strength Program 2-3 x per Week x 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that the Criteria for admission to a work hardening program includes that there is a defined return to

work goal agreed upon by the employee and the employer which documents a specific job to return to. Additionally treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains. There is no documentation regarding a specific job and this request is for four weeks time. As such, this request for work hardening/strength program 2 to 3 times per week for four weeks is not medically necessary.