

Case Number:	CM14-0182024		
Date Assigned:	11/06/2014	Date of Injury:	01/31/2006
Decision Date:	01/30/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehab, has a subspecialty in Pain 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:

This is a female patient with a date of injury of January 31, 2006. A utilization review determination dated October 3, 2014 recommends non-certification of Nexium 40 mg #30, psychiatry consultation, pain management consultation, and reevaluation with a neurosurgeon. A progress note dated August 28, 2014 identifies subjective complaints of the patient using a cane, patient is worsening, experiencing more back pain, difficulty ambulating, more depression, the patient has stomach complaints, and has difficulty sleeping. Physical examination reveals that the patient walks slowly, use a cane for ambulation, sensation is decreased, reflexes are normal, straight leg raise test is positive at 70 bilaterally, the patient has difficulty standing on heels and toes, and the patient has spasms of the lumbar spine. The diagnoses include status post back surgery times two, lumbar strain, failed back, stomach complaints, and depression. The treatment plan recommends that the patient be under the care of pain management, internal medicine, and psychiatry. An x-ray report of the lumbar spine dated May 8, 2014 reveals that the patient status post a posterior lumbar spinal fusion from L 4 through S1 with interbody fusion plugs at L4-L5 and L5-S1, with no definite evidence of hardware failure. There were mild degenerative changes at L3-L4 and mild dextroscoliosis centered at L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Nexium 40mg #30, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, Official Disability Guidelines recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). Finally, the requesting physician's statement indicating that the Nexium is being used for "stomach complaints" is very nonspecific. It is unclear what "stomach complaints" the patient is experiencing, how long they have been present, and what medication they might be related to. In the absence of clarity regarding those issues, the currently requested Nexium 40mg #30 is not medically necessary.

Psychiatry consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 391-398.

Decision rationale: Regarding the request for referral for a psychiatry consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, it is unclear how long the patient has had depression, and there is no indication if the patient has had and failed conservative treatment for depression. As such, the currently requested referral for a psychiatry consultation would not be medically necessary.

Pain management consultation: Upheld

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

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), Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: Regarding the request for referral for a pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is indicated that the patient has ongoing pain in the low back. However, it is unclear how a consultation with a pain management specialist will affect the plan or course of care. Furthermore, there is no indication of specific treatment such as medication management or consideration for interventions. As such, the currently requested referral for a pain management consultation is not medically necessary.

Re-evaluation with neurosurgeon: Upheld

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

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), Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: Regarding the request for referral for a re-evaluation with a neurosurgeon, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there are no subjective or objective findings that reveal a significant change in the patient's status. A recent lumbar spine x-ray dated May 8, 2014 revealed no evidence of fusion hardware failure. It is unclear why a neurosurgical consult is being sought at the present time. As such, the currently requested referral for a re-evaluation with a neurosurgeon is not medically necessary.