MAXIMUS Federal Services

Case Number:	CM14-0099364		
Date Assigned:	09/16/2014	Date of Injury:	08/17/2012
Decision Date:	01/23/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopedic Surgery and is licensed to practice in Georgia. 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 35-year-old male who reported an injury on 08/17/2012. The injury reportedly occurred while the injured worker was pulling approximately 200 stakes from the concrete and injured his back. He was diagnosed with lumbar sprain/strain. His past treatments were noted to include medications, injections, pool therapy, physical therapy, and acupuncture therapy. On 06/09/2014, the injured worker reported pain over right buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling. Per the most recent note dated 07/28/2014, the patient reported continued pain over the bilateral buttocks radiating to the posterior and lateral aspect of the bilateral thighs with numbness and tingling. He indicated his pain was 9/10 on the pain scale. Upon physical examination, he was noted to have severe bilateral sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. His medications at the time were noted to be Terocin patch, Terocin lotion, Norflex 100 mg, and Neurontin 300 mg twice a day. The treatment plan was noted to include request authorization for bilateral sacroiliac joint injections and refill medications. A Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Surgery Consult: 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits

Decision rationale: The request for spinal surgery consult is not medically necessary. The California MTUS ACOEM states, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, or has difficulty obtaining information or agreement to a treatment plan with treating a particular cause of delayed recovery. The Official Disability Guidelines state that the need for clinical office visits with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The 06/09/2014 clinical did not show evidence of a significant change in clinical presentation or treatment plan and he was not shown to report any status change or new symptoms when he presented to his 07/28/2014 visit. Based on the lack of documentation indicating significant change in the patient's clinical presentation from previous visits, the request is not supported by the guidelines. As such, the request for spinal surgery consult is not medically necessary.

Hydrocodone-APAP 2.5-325mg #120: 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): 78.

Decision rationale: The request for hydrocodone-APAP 2.5-325mg #120 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker was noted to be on the medication since at least 05/2014. The documentation submitted for review does not indicate that the use of the opioid provides pain relief for him, nor does it indicate that it helped increase his ability to perform activities of daily living. Additionally, there was evidence of inconsistent urine drug screens, performed on 08/05/2014. Based on the documentation provided, the use of the medication would not be supported by the guidelines. Additionally, the request as submitted does not specify frequency of use. As such, the request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Naproxen 55mg #60 is not medically necessary. The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbation for chronic pain, NSAIDs are recommended as a second line option for acetaminophen. The guidelines do not recommend long term use with NSAIDs. It was noted that the injured worker has been on Naproxen since at least 01/2014 which surpasses the recommended duration of the medication. Additionally, there is no indication the injured worker was diagnosed with osteoarthritis. Furthermore, there is lack of documentation of the efficacy of the requested medication, including quantified pain relief. Moreover, the request as submitted does not specify frequency of use. As such, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Omeprazole 20mg #60 is not medically necessary. The California MTUS Guidelines indicate that a patient is at risk for a gastrointestinal event if they are over the age of 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; or on high dose/multiple NSAIDs. A non-selective NSAID is recommended for patients with no risk factor and no cardiovascular disease. The injured worker was noted to be on the requested medication since at least 01/2014. There is a lack of clinical documentation that the injured worker was at risk for, or had a history, a gastrointestinal event. There is also lack of documentation of gastrointestinal upset. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time. As such, the request for Omeprazole 20mg #60 is not medically necessary.