

Case Number:	CM15-0001931		
Date Assigned:	01/13/2015	Date of Injury:	01/21/2008
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 01/28/2008. The mechanism of injury involved heavy lifting. The current diagnoses include herniated lumbar disc, status post PLIF at L5-S1 with retained hardware, gastritis and status post PLIF lumbar spine hardware removal on 09/30/2014. Previous conservative treatment is noted to include medication management and physical therapy. The injured worker presented with complaints of low back pain with a burning sensation into the thighs. The injured worker also reported neck and arm pain. Upon examination there was 10 degree flexion, 5 degree extension, 5 degree left and right lateral flexion and tenderness to palpation with muscle spasm. The injured worker was utilizing a 2 front wheeled walker to ambulate. Recommendations included a trial of physical therapy 3 times per week for 6 weeks. The injured worker was also issued prescriptions for Anaprox 550 mg, Prilosec 20 mg and Ultram ER 150 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine 3x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. For unspecified myalgia and myositis, guidelines recommend 9 to 10 visits over 8 weeks. For unspecified neuralgia, neuritis and radiculitis 8 to 10 visits over 4 weeks is recommended. The current request for 18 sessions of physical therapy for the lumbar spine would exceed guideline recommendations. There is also no documentation of objective functional improvement following the initial course of treatment. Given the above, the request is not medically appropriate.

Anaprox 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker was issued a refill of Anaprox 550 mg on 10/17/2014. It is unclear how long the injured worker has utilized Anaprox 550 mg. Guidelines do not recommended long term use of NSAIDs. Additionally, there is no frequency listed in the request. Therefore, the request is not medically appropriate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. As such, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker was issued a refill of Ultram ER 150 mg on 10/17/2014. It is unclear how long the injured worker has utilized Ultram ER 150 mg. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no documentation of a written pain consent or agreement for the chronic use of an opioid. There is no frequency listed in the request. As such, the request is not medically appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There was no mention of noncompliance or misuse of medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Given the above, the medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.