MAXIMUS Federal Services

Case Number:	CM15-0100230		
Date Assigned:	06/02/2015	Date of Injury:	02/23/2015
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York
Certification(s)/Specialty: Neurological Surgery

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 39 year old female, who sustained an industrial injury on 2/23/15. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculopathy and caudal equina syndrome. Treatment to date has included an EMG/NCS study of the lower extremities on 3/17/15, a lumbar MRI on 3/13/15 showing L4-L5 disc degeneration and L5-S1 disc bulge, a lumbar L4 hemilaminectomy on 3/18/15 and a right L4 hemilaminectomy revision and L5-S1 hemilaminectomy on 3/22/15. Medications include Norco and Flexeril (since at least 3/11/15), Naproxen and Omeprazole. As of the PR2 dated 4/9/15, the injured worker reports 70% of her pain has resolved. Objective findings include normal flexion and extension and normal disc height at the L5-S1 level. The treating physician requested post-operative physical therapy 3 x weekly x 8 weeks to the low back, Cyclobenzaprine 10mg x 2 refills, Norco 10/325mg, Naproxen 550mg x 2 refills and Omeprazole DR 20mg x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to the low back, 3 times weekly for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 25 of 9792.20 Medical Treatment Utilization Schedule.

Decision rationale: The California MTUS Guidelines note that up to 20 sessions of physical therapy following surgery for a herniated lumbar disc are recommended. This would be allowed over 18 weeks. The requested treatment does not comply with these guidelines The requested treatment: Post-operative physical therapy to the low back, 3 times weekly for 8 weeks NOT medically necessary and appropriate.

Cyclobenzaprine HCL 10mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 04/30/15) Online Version, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants-anti-spasmoditics-cyclobenzaprine Page(s): 67.

Decision rationale: The California MTUS guidelines recommend cyclobenzaprine to decrease muscle spasm for a short course of therapy and not for chronic use. The guidelines recommend starting dosage at 5 mg three times a day. The requested treatment does not contain length of time or dosing frequency. The requested treatment Cyclobenzaprine HCL 10mg with 2 refills is NOT medically necessary and appropriate.

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 04/30/15) Online Version, Opioids, Specific Drug List, Hydrocodone/Acetaminophen, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods-Therapeutic trial of opiods is NOT Medically necessary and appropriate Page(s): 76.

Decision rationale: The California MTUS do not recommend opiods as a first line treatment for low back pain. Documentation does not list if there or other reasonable alternatives to treatment. Documentation does not list frequency or why this level of strength is chosen. Red flags discussion is advised. No documentation of such discussion is found. The requested treatment: Norco 10/325mg is NOT medically necessary and appropriate.

Naproxen Sodium 550mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 04/30/15) Online Version, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

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

Decision rationale: The MTUS guidelines recommend NSAIDs at the lowest dose for the shortest time in treating moderate to severe pain. The requested treatment does not annotate the frequency the medication is advised. The guidelines recommend acetaminophen be used first. Documentation does not document whether this was considered. The requested treatment: Naproxen Sodium 550mg with 2 refills is NOT medically necessary and appropriate.

Omeprazole DR 20mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 04/30/15) Online Version, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

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

Decision rationale: The California MTUS guidelines recommend clinicians prescribe a PPI (proton pump inhibitor) such as omeprazole 20 mg. daily if the patient is at intermediate risk of gastrointestinal events and taking a non-selective NSAID such as Naproxen. The guidelines recommend the clinician determine if the patient is at risk for gastrointestinal events. Documentation does not provide such assessment. The requested treatment: Omeprazole DR 20mg with 2 refills is NOT medically necessary and appropriate.