

Case Number:	CM15-0104948		
Date Assigned:	06/09/2015	Date of Injury:	09/10/2012
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 10, 2012. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for 10 sessions of chiropractic physiotherapy, naproxen, Prilosec, and Docuprene. The claims administrator referenced a RFA form dated April 24, 2015 and associated progress note of April 23, 2015 in its determination. The applicant's attorney subsequently appealed. On December 29, 2014, the applicant reported ongoing complaints of neck pain, low back pain, and right leg pain, unchanged since the date of injury. The applicant stated that he was avoiding exercising, socializing, shopping, and doing various and sundry activities of daily living secondary to chronic pain complaints. Naproxen, tramadol, Prilosec, and a rather proscriptive 15-pound lifting limitation were endorsed. It was acknowledged that Prilosec was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. On March 30, 2015, the applicant reported ongoing complaints of neck pain, low back pain, and leg pain, highly variable, averaging 9-10/10. Sitting, standing, walking, and exercising remained problematic, it was acknowledged. The applicant again stated he was avoiding exercising, shopping, and doing household chores secondary to his pain complaints. The applicant was again given a rather proscriptive 15-pound lifting limitation. Tramadol, Prilosec, naproxen, and Docuprene were endorsed. It was not clearly stated whether the applicant was or was not working, with the aforementioned 15-pound lifting limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy 2 times a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 10 sessions of chiropractic physiotherapy (AKA chiropractic manipulative therapy) was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, it did not appear that the applicant was working with a rather proscriptive 15-pound lifting limitation in place. The said 15-pound lifting limitation was renewed, seemingly unchanged, on multiple office visits, referenced above, including on March 30, 2015, January 26, 2015, and December 29, 2014. Therefore, the request for continued chiropractic physiotherapy (AKA chiropractic manipulative therapy) was not medically necessary.

Naproxen 550mg p.o. b.i.d. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, it did not appear that ongoing usage of naproxen had in fact proven effectual. The same, unchanged, 15-pound lifting limitation was renewed, from visit to visit. The applicant continued to report pain complaints as high as 7-9/10, despite ongoing naproxen usage. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as tramadol. The applicant reported difficulty performing activities of daily living as basic as sitting, walking, exercising, lying down, doing yard work, and/or shopping secondary to his pain complaints, as reported on March 30, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Prilosec 20mg p.o. b.i.d. #60: Upheld

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

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

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on multiple progress notes, referenced above, including on December 29, 2014 and on March 30, 2015 that Prilosec had been endorsed for cytoprotective effect purposes. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was only using one NSAID, naproxen; was not using multiple NSAIDs concurrently; was less than 65 years of age (age 33); was not using NSAIDs in conjunction with corticosteroids; and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request for continued usage of Prilosec for cytoprotective effect was not medically necessary.

Docuprene 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Finally, the request for Docuprene, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was, in fact, using tramadol, an opioid agent. Prophylactic provision of Docuprene, a laxative, was, thus, indicated. Therefore, the request was medically necessary.