

Case Number:	CM15-0108395		
Date Assigned:	07/23/2015	Date of Injury:	08/31/2006
Decision Date:	08/25/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 46 year old male who sustained an industrial injury on 08/31/2006. Current diagnoses include lumbar musculoligamentous sprain/strain with right greater than left bilateral lower extremity radiculitis and history of disc protrusions, mild disc bulges with neuroforaminal stenosis at L4-S1, thoracic musculoligamentous sprain/strain, cervical musculoligamentous sprain/strain, sleep loss and stomach upset. Previous treatments included medications, chiropractic, acupuncture, and lumbar epidural steroid injections. Initial injuries occurred when the injured worker was carrying a cast iron tub he experienced a sharp low back pain. Report dated 04/23/2015 noted that the injured worker presented with complaints that included lumbar spine pain with radiation to the lower extremities, cervical spine pain, thoracic spine pain with stiffness, difficulty sleeping due to pain, and gastrointestinal upset secondary to long-term prescription medications use as well as chest pain. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Physical examination was positive for lumbar pine tenderness and spasm over the bilateral paravertebral musculature, straight leg testing is positive, decreased lumbar spine range of motion, increased numbness and tingling in the left lower extremity with stance/gait testing, cervical spine decreased cervical lordotic curvature, tenderness to palpation and spasm over the paravertebral musculature, axial compression is positive and active range of motion is decreased, and sensation is decreased in the bilateral L4-S1 dermatomes. Currently the injured worker is to return to modified duty with restrictions on 04/23/2015, but it was also noted that he is currently not working. The treatment plan included reviewing MRI scan of the lumbar spine, discussed treatment options as recommended by the AME, recommend/authorization for

an EMG/NCV study, prescribed Anaprox and Prilosec, patient to bring in pain medications at next visit, follow up in 4-6 weeks, if no response to invasive treatment consider release, and discussed return to work options. Also included was surgical authorization requests for pre-operative clearance, initial post operative therapy two times per week for four weeks, and continuous cold therapy unit (purchase), and an internal medicine consultation, sleep. Disputed treatments include Anaprox DS 550 mg #60, Prilosec 20 mg #30, one (1) home lumbar traction unit, and one (1) internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg #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), NSAIDs, GI Symptoms & Cardiovascular risk, drug list & adverse side effects Page(s): 22, 67.

Decision rationale: The CA MTUS guidelines state that Anaprox (Naproxen) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDs recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). In this case, the patient reported gastrointestinal side effects with this medication, despite the use of Prilosec. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Prilosec 20 mg #30: 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is documentation indicating that this patient had GI symptoms presumed to be secondary to NSAIDs. The request for Anaprox was subsequently not found to be medically necessary, which would mean that the Prilosec would not appear to be medically necessary for this patient. Medical necessity for Prilosec has not been established. Therapy with this medication is not medically necessary.

One (1) home lumbar traction unit: 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), Low Back Chapter, Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic chapter, Traction.

Decision rationale: According to ACOEM, lumbar traction has not been proven to be effective for lasting relief in treating low back pain. There is insufficient evidence to support the use of vertebral axial decompression for treating low back injuries. In this case, there is no documentation that the requested lumbar traction will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration in the management of low back pain. In addition, there is no documentation of the proposed duration of treatment with the requested home lumbar traction unit. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

One (1) internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Internal Medicine consultation for the evaluation of "sleep." There is no documentation indicating that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.