

Case Number:	CM15-0010168		
Date Assigned:	01/27/2015	Date of Injury:	07/01/2010
Decision Date:	04/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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: Emergency 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 injured worker (IW) is a 44 year old female who sustained an industrial injury on July 2, 2010. The injured worker has reported low back pain. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint sprain/strain and posterior annular tear at lumbar four-lumbar five. Treatment to date has included pain medication, chiropractic treatment, pain management consultation, and acupuncture treatments. Current documentation dated December 11, 2014 notes that the injured worker reported back pain rated at a five-six out of ten on the Visual Analogue Scale with medications. Physical examination revealed tenderness over the thoracic and lumbar areas with muscle spasms and guarding noted. Straight leg raise was positive bilaterally. The injured worker's back pain was noted to be unchanged. Work status is temporarily total disabled. On December 31, 2014 Utilization Review non-certified a request for one follow-up visit, one home neuromuscular electrical stimulation device, Anaprox 550 mg #60, Fexmid 10 mg #60, Norco 5/325 mg #120 and Cymbalta 300 mg #60. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of these items.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Follow up visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back : Office visits.

Decision rationale: The California MTUS is silent on this topic. According to Official Disability Guidelines, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The IW has had ongoing visits for her low back pain. Various therapies and medications have been prescribed. The IW is receiving ongoing prescriptions for narcotics which require follow-up visits. For these reasons, the request for one follow-up visit is medically necessary.

Continue home EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic (Acute & Chronic) - Neuromuscular Electrical Stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119-121.

Decision rationale: According to California MTUS, neuromuscular electrical stimulation is not recommended. This treatment is used "primarily as part of a rehabilitation program following stroke and there is no evidence to support its use for chronic pain." The request is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen- NSAIDs non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Naproxen Page(s): 67-68; 73.

Decision rationale: According to California MTUS Chronic Pain Guidelines, Anaprox is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated,

non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request for Anaprox is not medically necessary.

Fexmid 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to California MTUS, Cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The injured worker (IW) has been receiving this prescription for a minimum of 6 months according to submitted records. The IW has been on this medication for a minimum of 6 months. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 80-81, 86.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. The guidelines state that the lowest possible dose should be used, as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for Norco 5/325mg #120 is not medically necessary.

Cymbalta 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Duloxetine Page(s): 42, 43-44.

Decision rationale: The California MTUS states that Duloxetine has "FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy...." The injured worker does not have a diagnosis of diabetes, nor does the chart support objective or subjective findings consistent with neuropathic pain. Without this, the request for Cymbalta is not medically necessary.