

Case Number:	CM15-0142508		
Date Assigned:	08/06/2015	Date of Injury:	07/15/2013
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Pediatrics, Internal 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 is a 55 year old female, who sustained an industrial injury on July 15, 2013. She reported a lumbar spine injury. The injured worker was diagnosed as having myofascial pain syndrome, chronic lumbar spine strain, and left lumbosacral radiculopathy. The medical records refer to an MRI of the lumbar spine that revealed evidence of nerve root impingement. The date of the MRI and its report were not included in the provided medical records. Treatment to date has included physical therapy, acupuncture, and medications including pain, muscle relaxant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. The medical records refer to prior treatment with acupuncture chiropractic therapy, but the dates and results of that treatment were not included in the provided medical records. There were no noted previous injuries or dates of injury, and no noted comorbidities. On July 13, 2015, the injured worker reported continued back pain radiating to the left leg with numbness and tingling. She reported acute lumbar spine muscle spasms. The physical exam revealed a positive left straight leg raise, decreased sensation to the left foot, decreased range of motion of the back by 10% in all planes, normal strength and reflexes, and positive spasms of the lumbosacral paraspinal muscles. Her work status was described as full time work as per primary treating physician. However, she is not working currently. The treatment plan includes continuing the Naproxen, Omeprazole, Neurontin, and Flexeril; a back brace, and an additional 8 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects: Naproxen (Naprosyn) Page(s): 67-68; 73.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of acute exacerbations of low back pain symptoms and symptomatic relief chronic low back pain. "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." The injured worker has been taking Naproxen since at least May 2015. There is lack of documentation of objective functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the Naproxen is not medically necessary.

Omeprazole 20mg (unspecified quantity): Upheld

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

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease while being treated with non-steroidal anti-inflammatory drugs (NSAIDs). The patient is at risk for a gastrointestinal event when they are older than 65 years, have a history of peptic ulcer, GI bleeding or perforation; use ASA, corticosteroids, and-or an anticoagulant concurrently; or use high dose or multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old and has no history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose or multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and-or an anticoagulant. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the Omeprazole is not medically necessary.

Neurontin 600mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs (also referred to as anti-convulsants) as a first-line treatment for neuropathic pain (pain due to nerve damage). A 50% reduction in pain is defined as a good response to the use of anti-epilepsy drugs and a 30% reduction in pain is defined as a moderate response. A less than 30% response to the use of anti-epilepsy drugs may prompt a switch to a different first-line agent (tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors or anti-epilepsy drugs are considered first-line treatment) or combination therapy if treatment with a single drug agent fails. Per the CMTUS, Gabapentin is recommended as a first-line treatment for neuropathic pain. The medical records show the injured worker has been taking Gabapentin since at least May 2015. There is a lack of documentation of a 30% or more reduction in pain with the treatment already provided. There is a lack of objective functional improvement. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Therefore, the request for Gabapentin is not medically necessary.

Flexeril 7.5mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 to 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants (for pain) Page(s): 41; 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The ACOEM (American College of Occupational and

Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. The medical records show that the injured worker has been taking Flexeril since at least May 2015, which exceeds the short-term treatment recommended by the guidelines. In addition, there is lack of documentation of objective functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the Flexeril is not medically necessary.

Continued chiropractic sessions (lumbar) 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend chiropractic therapy as an option for the treatment of chronic low back pain. Per the CMTUS guidelines, the treatment parameters include: the time to produce effect is 4 to 6 treatments; 1 to 2 times per week the first 2 weeks - may continue at 1 treatment per week for the next 6 weeks; and the maximum duration is 8 weeks. Patients should be reevaluated at week 8. "Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life." The medical records refer to prior treatment with chiropractic therapy, but the dates and results of that treatment were not included in the provided medical records. There is a lack of documentation of objective functional improvement with the treatment already provided. Therefore, the request for continued chiropractic sessions is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic): Lumbar supports.

Decision rationale: According to the ACOEM (American College of Occupational and Environmental Medicine), no lasting benefit beyond the acute phase of symptom relief has been shown by lumbar supports. The Official Disability Guidelines (ODG) recommends lumbar supports for treatment of compression fractures, specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. The medical records show that the injured worker has had ongoing low back pain since at least May 2015. There was lack of evidence on physical exam or imaging studies of the compression fractures, spondylolisthesis, or instability to support the use of a back brace. In addition, the ACOEM guidelines state that there are no lasting benefits beyond the acute phase of symptom relief. Therefore, the back brace is not medically necessary.