

Case Number:	CM15-0160650		
Date Assigned:	08/26/2015	Date of Injury:	06/10/1997
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

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 injured worker is a 62 year old female, who sustained an industrial injury on 06-10-1997. The injured worker is currently permanent and stationary and retired. Current diagnoses include lumbar post laminectomy syndrome, lumbar radiculitis, and opioid dependence. Treatment and diagnostics to date has included lumbar epidural steroid injection, physical therapy, acupuncture, spinal cord stimulator placement, and medications. Current medications include Norco, Tramadol, Aspirin, Glucosamine, Lisinopril, Albuterol, Atorvastatin, Pantoprazole, Levothyroxine, and Sentra PM. Urine drug screen dated 07-15-2015 was consistent with prescribed medications. In a progress note dated 07-11-2015, the injured worker reported pain in the lower back, coccyx-tailbone, and both legs and stated that her symptoms have been unchanged since the injury. Pain level was rated as 9 out of 10 with 8 being the best and 10 being the worst. The physician noted that the injured worker avoids physically exercising, performing household chores, participating in recreation, doing yard work, and shopping because of her pain. Objective findings included an antalgic gait with use of a cane, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, positive straight leg raise test on the left, and tenderness to palpation over the left hip. The treating physician reported requesting authorization for Prilosec, Acupuncture, Gym membership, Tramadol, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg PO BID #60: Upheld

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

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. After review of received medical records, the injured worker is noted to be less than 65 years of age, there are no noted non-steroidal anti-inflammatory drugs (NSAIDs) prescribed, and there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prilosec is not medically necessary.

Acupuncture total of six visits, once or twice weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS Acupuncture Medical Treatment Guidelines, an initial trial of 3-6 visits for acupuncture is recommended, which is enough time to produce functional improvement. Guidelines also state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and-or surgical intervention to hasten functional recovery". Medical necessity for any further acupuncture is considered with evidence of functional improvement. After review of the received medical records, the injured worker has been receiving acupuncture treatment since at least 01-09-2015. Multiple progress notes dated from 01-09-2015 to 06-12-2015 note in the treatment plan for the injured worker to continue with acupuncture treatments for adjuvant pain relief and that the injured worker noted excellent pain relief. However, there are no acupuncture treatment notes submitted for review to assess for any functional improvement. In addition, there is no indication as to how many acupuncture visits that injured worker has already attended. Therefore, based on the Guidelines and the submitted records, additional acupuncture treatment is not medically necessary.

Gym membership for six months for Self-Directed Exercise/Use of Pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 chapter, Gym memberships.

Decision rationale: The California MTUS Guidelines are silent. According to the Official Disability Guidelines (ODG), Gym memberships are "not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym membership, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." Since they are not recommended by the Guidelines, the request for gym membership is not medically necessary.

Tramadol ER 150mg PO QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic". The Guidelines also discourage long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. The injured worker's average pain level was rated between 8 to 10 out of 10 on the pain scale. In addition, there is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Tramadol ER is not medically necessary.

Hydrocodone 10/325mg PO QID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. The injured worker's pain has been rated from 8-10 out of 10 on the pain scale. In addition, there is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Hydrocodone is not medically necessary.