

Case Number:	CM15-0164336		
Date Assigned:	09/01/2015	Date of Injury:	07/17/2007
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female, who sustained an industrial injury on July 17, 2007. The injured worker was diagnosed as having lower back pain. Treatments and evaluations to date have included physical therapy, home exercise program (HEP), and medication. Currently, the injured worker reports persistent low back pain radiating to the left hip and left leg. The Primary Treating Physician's report dated July 28, 2015, noted the injured worker with positive lumbar spine tenderness to palpation and positive paraspinal muscle hypertrophy. The injured worker was noted to continue ambulation and a home exercise program. The treatment plan was noted to include prescriptions for the medications of Klonopin, Omeprazole, and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 500mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with persistent lower back pain. Pain radiates to left hip and left leg. The request is for Tylenol 500mg #150 with 2 refills. The request for authorization is not provided. Physical examination reveals positive lumbar spine tenderness to palpation. Lumbar ROM - flexion to knees. Positive paraspinal muscle hypertrophy. Patient is to continue ambulation / home exercise program. Per progress report dated 07/28/15, the patient is P&S/MMI. MTUS Guidelines, Anti-inflammatory, page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Patient has been prescribed Tylenol since at least 08/25/14. The patient continues with low back pain. However, treater does not specifically discuss efficacy of Tylenol. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with persistent lower back pain. Pain radiates to left hip and left leg. The request is for Omeprazole 20mg #30 with 2 refills. The request for authorization is not provided. Physical examination reveals positive lumbar spine tenderness to palpation. Lumbar ROM - flexion to knees. Positive paraspinal muscle hypertrophy. Patient is to continue ambulation / home exercise program. Per progress report dated 07/28/15, the patient is P&S/MMI. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Omeprazole since at least 08/21/12. In this case, the patient is prescribed Tylenol, but no NSAIDs are prescribed. Additionally, treater does not document GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater does not discuss what gastric complaints there are, and why he needs to take Omeprazole. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Klonopin 1mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with persistent lower back pain. Pain radiates to left hip and left leg. The request is for Klonopin 1mg #30 with 2 refills. The request for authorization is not provided. Physical examination reveals positive lumbar spine tenderness to palpation. Lumbar ROM - flexion to knees. Positive paraspinal muscle hypertrophy. Patient is to continue ambulation / home exercise program. Per progress report dated 07/28/15, the patient is P&S/MMI. MTUS Chronic Pain Medical Treatment Guidelines 2009 page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Treater does not specifically discuss this medication. The patient has been prescribed Klonopin since at least 06/19/12. However, MTUS and ODG guidelines do not support the long-term use of Klonopin. And treater does not discuss nor document the efficacy of this medication. Furthermore, the request for additional Klonopin #30 with 2 Refills does not indicate short-term use. Therefore, the request IS NOT medically necessary.