

Case Number:	CM15-0166290		
Date Assigned:	09/04/2015	Date of Injury:	02/18/2014
Decision Date:	10/22/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 43 year old male, who sustained an industrial injury on February 18, 2014 resulting in pain or injury to the lower back from lifting approximately 45 pounds. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus (HNP), lumbar radiculopathy, and lumbar facet arthropathy. Medical records from March 20, 2015 to July 13, 2015 indicate the injured worker with ongoing low back pain, rated by the injured worker from 6 out of 10 down to 5 out of 10 with occasional pain down the front of his right leg to the ankle with numbness in the entire right foot, and occasional numbness in the left leg. The injured worker reported some neck pain rated from 4 out of 10 down to 2 out of 10 on the pain scale. Records also indicate the injured worker's activity level continued to be limited by pain. Per the Primary Treating Physician's progress report dated July 13, 2015, the injured worker is currently working full duty. The physical exams, dated March 20, 2015 to July 13, 2015, revealed improvement in the cervical spine range of motion (ROM) and lumbar flexion with continued pain with lumbar facet loading and tenderness to palpation over the lumbar spine. The injured worker was noted on March 20, 2015, to have positive straight leg raise bilaterally, with a positive right straight leg raise and negative left straight leg raise noted on June 5, 2015. Relevant treatments have included 8 sessions of chiropractic treatments noted to have relaxed the injured worker temporarily with increased strength and mobility, and current medications including Cymbalta, Relafen, and Prilosec, noted to decrease the injured worker's pain level; from a 5 out of 10 to a 2 out of 10 and allows him to increase his walking distance by at least 15 minutes. Previous trials of medications were noted

to include; Advil noted to have provided some relief, Pamelor caused nausea, Lidopro caused burning, Gabapentin caused gastrointestinal (GI) upset, and Ketoprofen cream provided little pain relief. The treating physician indicates that a March 9, 2015 electromyography (EMG)-nerve conduction study (NCS) of the bilateral lower extremities was reported to be a normal study. The injured worker was noted to have had a lumbar spine MRI dated May 4, 2015, and lumbar spine x-rays on February 12, 2015. The documentation provided included a laboratory evaluation dated May 4, 2015, noted to show all testing within normal range. The request for authorization dated July 13, 2015, shows that the following were requested: chiropractic treatments 2x4, Duloxetine DR 30mg #30, Omeprazole 20mg #60, and Diclofenac Sodium DR 75mg #60. The original utilization review dated August 17, 2015, noted the injured worker had already received 8 sessions of chiropractic sessions with some functional improvement, therefore the request was modified to chiropractic treatments x6. The UR noted the medications of Duloxetine DR, Omeprazole, and Diclofenac were all modified without documentation of the clinical reasons for the decisions noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, 2x4: 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), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 8 sessions of chiropractic therapy and reported some functional improvement. The first reviewer modified the request to 6 sessions of chiropractic care instead of 8. Chiropractic Treatment, 2x4 is not medically necessary.

Duloxetine DR 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The Official Disability Guidelines recommend Cymbalta as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating

secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. The patient was not noted to have neuropathic pain or depression. Duloxetine DR 30mg #30 is not medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. Patient was noted to have gastrointestinal upset due to medication use. There is documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. I am reversing the previous utilization review decision. Omeprazole 20mg #60 is medically necessary.

Diclofenac Sodium DR 75mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac Sodium DR 75mg #60 is not medically necessary.