

Case Number:	CM15-0168762		
Date Assigned:	09/09/2015	Date of Injury:	03/12/2010
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Anesthesiology

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 55 year old male injured worker suffered an industrial injury on 3-12-2010. The diagnoses included lumbar disc herniation with severe degenerative disc disease and foraminal narrowing, bilateral lower extremity radiculopathy, left greater than right and medications induced gastritis. On 8-6-2015 the treating provider reported ongoing and debilitating pain in the lower back which radiated down to both lower extremities, right greater than left rated as 8 out of 10 without medication and 6 out of 10 with medications. The Norco 4 x daily consistently receives between 30% to 40% pain relief lasting 3 to 4 hours. He was able to perform activities of daily living with less pain. He feels that the combination of Anaprox, Topamax and Zanaflex enables him to keep the pain manageable and keep the Norco use down to a minimum. The Anaprox had been in use for at least since 7/2015. He experienced less GI discomfort while on Prilosec. On exam the injured worker appeared to be in mild to moderate distress with lumbar spine tenderness and increased muscle rigidity. There were numerous trigger points throughout the lumbar muscles along with reduced range of motion. The straight leg raise was positive. Prior treatments included epidural steroid injections which provided 60% relief for 3 ½ months. The provider noted that an evaluation for aberrant drug use was in place with no evidence of a high risk. The diagnostics included a lumbar evocative discogram 6-11-2011, cervical and lumbar magnetic resonance imaging, and electrodiagnostic studies. The date for the Request for Authorization was 8-6-2015. The Utilization Review on 8-19-2015 for the retrospective DOS 08/06/2015 treatments Urine Drug Testing, 4 Trigger Point Injections, Anaprox, and Prilosec 20 mg determined they were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Drug Testing Performed with a Formal Quantitative Confirmation using Chromatography (08/06/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug screenings were reported to have been consistent with prescribed therapy. There was no indication that the patient was considered to be a moderate or high risk for abuse. The patient had a urine drug test 5/28/15 that was consistent with his prescribed medical regimen. There was no indication for another test 8/6/15 with a formal quantitative confirmation using chromatography. Medical necessity for the requested test was not established. The requested test was not medically necessary.

Retrospective: 4 Trigger Point Injections (DOS: 08/06/2015): 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): Trigger point injections.

Decision rationale: According to California MTUS Guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4) Radiculopathy is not present on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. In this case based on the frequency of the pattern of trigger point injections and the lack of efficacy for at least 6 weeks the trigger point injections were not beneficial. Medical necessity for the requested injections was not established. The requested trigger point injections were not medically necessary.

Retrospective: Anaprox DS 550mg #60 (DOS: 08/06/2015): 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Anaprox is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic pain as a second line of therapy after acetaminophen. The documentation indicated the patient had been maintained on long-term NSAID therapy and there had been no compelling evidence presented by the provider to document that the patient had had any significant improvements from this medication. Medical necessity for the requested treatment was not established. The requested treatment was not medically necessary.

Retrospective: Prilosec 20mg #60 (DOS: 08/06/2015): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There was no documentation indicating the patient had any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There was no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec was not established. The requested medication was not medically necessary.