MAXIMUS Federal Services

Case Number:	CM15-0207844		
Date Assigned:	10/26/2015	Date of Injury:	01/07/2014
Decision Date:	12/31/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 42 year old female who sustained an industrial injury on 01-07-2014. According to the most recent report submitted for review and dated 06-30-2015, the injured worker reported low back pain that was present all the time. Pain was described as burning, searing and pounding and responded minimally to medication and or heat and TENS (transcutaneous electrical nerve stimulation). She also reported left leg weakness. Physical examination of the back demonstrated subjective pain at the end of ranges. Flexion was to 45 degrees, extension to 10 degrees, right and left lateral bending to 15 degrees. There was reproducible tenderness in the lower lumbar paraspinal musculature. Left sided straight leg raise elicited lower back and left leg pain at 45 degrees. Right straight leg raise was negative at 80 degrees. Faber's was negative for hip or sacroiliac joint pain. Diagnostic impression included lumbosacral strain superimposed on underlying degenerative disc disease without evidence of frank disc herniation. In regards to future medical care, the provider noted that careful use of non-steroidal anti-inflammatory drugs should be observed if there is a history of gastritis and consideration of the addition of a proton pump inhibitor. On 10-06-2015, Utilization Review non-certified the request for Naproxen Sodium 550 mg 1 tab by mouth twice a day #60, Pantoprazole 20 mg 1-2 by mouth every morning, #60, 6 acupuncture visits 2 times a week for 3 weeks and detoxification program to break narcotic cycle. The request for blood chemistries and a certified urine drug screen was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg; 1 tab by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen Sodium 550mg; 1 tab by mouth twice a day #60 is not medically necessary.

Pantoprazole 20mg; 1-2 by mouth every morning, #60: 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), Pain Chapter.

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

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20mg; 1-2 by mouth every morning, #60 is not medically necessary.

Six (6) acupuncture visits 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). Within the medical information available for review, there is documentation of previous acupuncture treatments, functional deficits, and functional goals. However, there is no documentation the number of previous treatments, which may have exceeded guidelines. In

addition, there is no documentation of objective functional improvement with previous treatment. Six (6) acupuncture visits 2 times a week for 3 weeks is not medically necessary.

Detoxification program to break narcotic cycle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Medical Practice Standard of Care.

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), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains.The patient may be a candidate for a detoxification, chronic pain, or functional restoration program, but medical record does not contain documentation of the above criteria. Detoxification program to break narcotic cycle is not medically necessary.