MAXIMUS Federal Services

Case Number:	CM15-0025251		
Date Assigned:	02/27/2015	Date of Injury:	09/16/2010
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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 33-year-old male, with a reported date of injury of 09/16/2010. The diagnoses include herniated nucleus pulposus of the lumbar spine with stenosis, facet arthropathy of the lumbar spine, lumbar radiculopathy, and ongoing psychiatric and psychological issues. Treatments have included chiropractic treatment, an MRI of the lumbar spine, a back corset, oral medications, psychiatry follow-ups, two epidural injections in the lumbar spine, physical therapy, and topical pain medication, a home exercise program, and acupuncture. The progress report dated 12/09/2014 indicates that the injured worker complained of back pain, with occasional radiation of pain, numbness and tingling down both legs and down to the feet. He rated the pain 6 out of 10. The injured worker also reported persistent headaches. It was noted that the injured worker stopped taking Naproxen due to gastrointestinal upset. There was documentation that the injured worker had 20 physical therapy visits, 23 chiropractic treatments, and 12 acupuncture visits. The objective findings included decreased lumbar range of motion in all planes, lumbar extension limited to 10 degrees, and decreased sensation at L5 and S1 dermatomes on the right. The treating physician requested Topamax 50mg #60 for neuropathic pain, acetaminophen/codeine 300/30mg #120 for severe pain, Omeprazole 20mg #120 for gastritis, and psychological follow-ups. On 01/28/2015, Utilization Review (UR) modified the request for Topamax 50mg #60 and denied the request for acetaminophen/codeine 300/30mg #120, Omeprazole 20mg #120, and psychological follow-ups. The UR physician noted that there was no clear evidence of significant last functional improvement resulting from prior treatment with Topamax; no clear evidence that continuation of chronic use of an opioid medication was

medically necessary; no clear evidence of significant risk for gastrointestinal events or gastrointestinal symptoms; and there were no psychological medical records available for review. The MTUS Chronic Pain Guidelines, drugs.com, and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine tab 300-30MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 78-81, 89, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 6/10. The request is for APAP/Codeine Tab 300-30MG, #120. The request for authorization is dated 12/09/14. MRI of the lumbar spine 04/25/13 shows retrolistthesis L4-5 with DDD and annular fissuring with narrowing of the left lateral recess at L4-5 with slight contact of bilateral S1 nerve roots at L5-S1. He states that his activity level continues to be limited because of his pain. Patient reports persistent headaches and is authorized for a neurology consult. He has had 20 visits of physical therapy, 23 visits of chiropractic care and 12 visits of acupuncture. He has had two epidural injections of his lumbar spine in the past. He is advised to continue a home exercise program. Patient's medications include Cymbalta, Ultracet, Prilosec, Gabapentin, Topamax and Terocin cream. He states that the medications help decrease his pain by about 50% temporarily and increases his activity level. The patient is permanent and stationary and not working. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference."Treater has not provided reason for the request. It appears as though the patient has not yet taken this medication, but is not clearly stated by treater. It is within MTUS guidelines to trial opiates for chronic moderately severe pain, and particularly for neuropathic pain. Therefore, the request IS medically necessary.

Omeprazole CAP 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 6/10. The request is for Omeprazole Cap 20MG, #120. The request for authorization is dated 12/09/14. MRI of the lumbar spine 04/25/13 shows retrolistthesis L4-5 with DDD and annular

fissuring with narrowing of the left lateral recess at L4-5 with slight contact of bilateral S1 nerve roots at L5-S1. He states that his activity level continues to be limited because of his pain. Patient reports persistent headaches and is authorized for a neurology consult. He has had 20 visits of physical therapy, 23 visits of chiropractic care and 12 visits of acupuncture. He has had two epidural injections of his lumbar spine in the past. He is advised to continue a home exercise program. Patient's medications include Cymbalta, Ultracet, Prilosec, Gabapentin, Topamax and Terocin cream. He states that the medications help decrease his pain by about 50% temporarily and increases his activity level. The patient is permanent and stationary and not working. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Per progress report dated 12/09/14, treater's reason for the request is "He does report GI upset with medication use." In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Furthermore, per progress report dated 02/03/15, treater states, "He says he stopped taking Naproxen due to GI upset." There is no discussion as to how the patient is responding to Omeprazole, and whether or not the patient continues to have GI problems despite stopping NSAID. Therefore, the request IS NOT medically necessary.

Psychological Follow Ups: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 6/10. The request is for psychological follow-ups. The request for authorization is dated 12/09/14. MRI of the lumbar spine 04/25/13 shows retrolistthesis L4-5 with DDD and annular fissuring with narrowing of the left lateral recess at L4-5 with slight contact of bilateral S1 nerve roots at L5-S1. He states that his activity level continues to be limited because of his pain. Patient reports persistent headaches and is authorized for a neurology consult. He has had 20 visits of physical therapy, 23 visits of chiropractic care and 12 visits of acupuncture. He has had two epidural injections of his lumbar spine in the past. He is advised to continue a home exercise program. Patient's medications include Cymbalta, Ultracet, Prilosec, Gabapentin, Topamax and Terocin cream. He states that the medications help decrease his pain by about 50% temporarily and increases his activity level. The patient is permanent and stationary and not working.ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care

may benefit from additional expertise. Treater has not provided reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a referral with [redacted] Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.