

Case Number:	CM15-0029664		
Date Assigned:	02/23/2015	Date of Injury:	01/28/2004
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 was a 42 year old male, who sustained an industrial injury, January 28, 2004. According to progress note of February 2, 2015, the injured workers chief complaint was increased back pain. The back pain was aggravated from moving out of the house they were living in. The physical exam noted no obvious tenderness deformity of the spine. The injured worker had no tenderness with palpation. Motor exam was 5 out of 5 throughout the bilateral upper extremities. Sensation was intact to light touch. Muscle strength was normal to the upper extremities and lower extremities. The injured worker was diagnosed with moderate degenerative disc and facet disease at C5-C5 and C6-C7 and left shoulder impingement. The injured worker was status post L4-S1 posterolateral fusion PLIF at L5-S1 in May 2010 with hardware removal on May 1, 2014. Treatments also included pain medications and physical therapy. The IW remained temporarily total disabled. On January 26, 2015, the Utilization Review non-certified prescriptions for Anaprox 550mg #60, Norco 10/325mg, Protonix 40mg #30, Ultram 50mg #60 and physical Therapy 2 times a week for 6 weeks for the lumbar spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Anti-inflammatory Medications Page(s): 67, 72-73.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a nonsteroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Additional physical therapy 2 times a week for 6 weeks on the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This request is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments

or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. The IW remains TTD and previous pain medications were renewed without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." There is no mention of a home PT program in the records. The request for PT is not medically necessary.

Protonix 40mg #30: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix is a gastrointestinal protectant. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age 65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Protonix is not medically necessary based on the MTUS.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommend for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The chart does not include urine drug screens. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

