

Case Number:	CM15-0033281		
Date Assigned:	03/04/2015	Date of Injury:	04/12/1999
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male, who sustained an industrial injury on 4/12/99. He has reported low back, legs and neck pain. The diagnoses have included lumbar radicular pain, cervical pain, neuralgia, lumbago, disc disease and facial pain. Treatment to date has included oral medications. Currently, the injured worker complains of chronic multiregional pain syndrome. On physical exam dated 2/2/15, tenderness was noted over the paravertebral lumbar and thoracic regions on palpation. On 2/17/15 Utilization Review non-certified Lunesta 3mg, noting it is recommended for short term use and the injured worker has been utilizing it for a year; Norco 10/325mg, noting no quantitative measures of his pain were noted and no measurable descriptors of the severity of the pain were provided; Nexium DR 40mg, one prescription for # 60 was certified, Ibuprofen 800mg #30 was certified, any remaining amount is non-certified and 3 follow-up office visits modified to 1 follow-up office visit, noting there is no evidence to support long term follow up visits. The MTUS, ACOEM Guidelines and ODG were cited. On 2/18/15, the injured worker submitted an application for IMR for review of Lunesta 3mg, Norco 10/325mg, Nexium DR 40mg, Ibuprofen 800mg and 3 follow-up office visits modified to 1 follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Lunesta 3mg: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta.

Decision rationale: This 52 year old male has complained of low back pain and neck pain since date of injury 4/12/99. He has been treated with physical therapy and medications to include Lunesta since at least 10/2014. The current request is for Lunesta. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also inadequate documentation regarding the efficacy of this medication thus far. On the basis of the available medical documentation and per the reference cited above, Lunesta is not indicated as medically necessary.

One (1) prescription of Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 52 year old male has complained of low back pain and neck pain since date of injury 4/12/99. He has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

One (1) prescription of Nexium DR 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

Decision rationale: This 52 year old male has complained of low back pain and neck pain since date of injury 4/12/99. He has been treated with physical therapy and medications. The current

request is for Nexium. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Nexium is not indicated as medically necessary in this patient.

One (1) prescription of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 52 year old male has complained of low back pain and neck pain since date of injury 4/12/99. He has been treated with physical therapy and medications to include Ibuprofen since at least 10/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Three (3) follow-up visits: 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), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This 52 year old male has complained of low back pain and neck pain since date of injury 4/12/99. He has been treated with physical therapy and medications. The current request is for 3 follow up visits. There is inadequate documentation and unprovided medical rationale regarding the need for 3 follow up visits. On the basis of the available medical documentation and per the MTUS guidelines cited above, 3 follow up visits are not indicated as medically necessary.