

Case Number:	CM15-0051317		
Date Assigned:	03/24/2015	Date of Injury:	04/18/2014
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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, Arizona
 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 female who reported an injury on 04/18/2014. The mechanism of injury occurred due to a fall while trying to sit. Her diagnoses include pain in the joint involving the pelvic region and thigh. A Qualified Medical Evaluation was performed on 02/13/2015 which revealed the injured worker had x-rays of the right hip and pelvis performed on 04/20/2014 which revealed limited evaluation of the iliac crest, no fracture or dislocation is otherwise seen. Past treatments include medications, injections, physical therapy, TENS unit, ice and heat therapy, and topical creams. The injured worker complained of right sided low back pain. Her medications were noted to include tramadol, Tylenol No. 3, Ultram, Naprosyn, and topical pain cream. The physical examination revealed moderate to severe tenderness over the right flank and right sciatic notch region. Motor and sensation were noted to be intact and bilateral straight leg raise is to 80 degrees. The injured worker also noted that she has been unable to sometimes perform her duties; however, trigger point injections have helped her see improvement. The progress report dated 02/04/2015 indicated the injured worker has had 3 previous trigger point injections with the last one being on 01/07/2015. A request was received for pantopazole 20mg #60, Tramadol 150mg #30, fenoprofen calcium 400mg #60 and retrospective trigger point injections to the lumbar spine (DOS: 01/07/15). A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are indicated for individuals taking NSAIDs with documented GI distress symptoms. There should also be a GI risk assessment performed where it may be indicated for patients with dyspepsia secondary to NSAID therapy. The injured worker was noted to have been on proton pump inhibitors for unspecified duration of time. However, there was lack of documentation indicating the injured worker had undergone a GI risk assessment, was noted to have dyspepsia secondary to NSAID therapy, or had a trial of Prilosec or Prevacid prior to pantoprazole use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, patients undergoing opioid treatments should have documentation of ongoing monitoring to include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The injured worker was noted to have been on tramadol for an unspecified duration of time. However, there was lack of documentation in regards to objective functional improvement, objective decrease in pain, and evidence of monitoring for side effects or drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Fenoprofen calcium 400mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 63-69.

Decision rationale: According to the California MTUS Guidelines, patients utilizing NSAIDS should be diagnosed with osteoarthritis to include the knee and hip. In addition, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There should also be documentation the injured worker has had an initial therapy of acetaminophen for mild to moderate pain. The injured worker was noted to have been on fenoprofen calcium for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had osteoarthritis, had an initial therapy of acetaminophen and a clear rationale indicating long term use as guidelines recommend usage of NSAIDS at the lowest dose for the shortest period. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Retrospective trigger point injections to the lumbar spine (DOS: 01/07/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections Page(s): 122.

Decision rationale: According to the California MTUS Guidelines, the criteria for a trigger point injection should include the presence of a twitch response upon palpation. Furthermore, the guidelines indicate that repeat injections are not warranted unless a greater than 50% pain relief is obtained for 6 weeks with documented evidence of functional improvement. The injured worker was noted to have 3 prior trigger point injections with the last one being on 01/07/2015. However, there was lack of documentation on physical examination of a twitch response on palpation and a greater than 50% pain relief obtained for at least 6 weeks with previous injection with documented evidence of functional improvement. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.