MAXIMUS Federal Services

Case Number:	CM15-0055507		
Date Assigned:	03/30/2015	Date of Injury:	01/28/2004
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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 42-year-old male who sustained a work related injury on January 28, 2004, after slipping and falling off the back of a truck onto his shoulder and neck. He was diagnosed with lumbosacral spondylosis, degenerative disc disease, and shoulder impingement. He underwent a lumbosacral fusion. Treatment included physical therapy, anti-inflammatory drugs and pain medications. Currently, he complained of increased low back pain and difficulty with activities of daily living (ADLs). The treatment plan that was requested for authorization included prescriptions for Anaprox, Norco and an H-wave Unit.

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

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

Decision rationale: This 42 year old male has complained of low back pain since date of injury 1/28/04. He has been treated with lumbar spine surgery, physical therapy and medications to include NSAIDS since at least 09/2014. The current request is for Anaprox. 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 4 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, Anaprox is not indicated as medically necessary in this patient.

H-wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: This 42 year old male has complained of low back pain since date of injury 1/28/04. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for an H wave unit. Per the MTUS guideline cited above, a 1 month trial of an H wave unit may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care including recommended physical therapy, medication and TENS (transcutaneous electrical nerve stimulation). There is no documentation of diabetes or chronic soft tissue inflammation in the available medical records nor is there documentation of prior TENS use. On the basis of the MTUS guideline cited above, an H wave unit is not indicated as medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: This 42 year old male has complained of low back pain since date of injury 1/28/04. He has been treated with lumbar spine surgery, physical therapy and medications to include opiods since at least 09/2014. 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 opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.