

Case Number:	CM15-0058268		
Date Assigned:	04/03/2015	Date of Injury:	08/13/2001
Decision Date:	05/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 67 year old female, who sustained an industrial injury on August 13, 2001. The injured worker was diagnosed as having status post cervical discectomy and fusion and additional cervical surgeries in 2011 with post-operative complications including respiratory distress and infection, anxiety, osteopenia and increased signal above and below the level of the cervical fusion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, acupuncture, medications and work restrictions. The injured worker presented on 01/27/2015 for a follow-up evaluation. The injured worker reported an improvement in symptoms with previous acupuncture therapy. Upon examination, the injured worker was alert and cooperative without evidence of abnormal pain behaviors. The PHQ-9 score was 10/30, indicating mild depressive symptoms. A comprehensive physical examination was not provided. It was noted that the injured worker presented for the sixth acupuncture session. The physician recommended an additional 6 acupuncture treatments. On 12/29/2014, the injured worker presented for a follow-up evaluation with the primary care physician. It was noted that the injured worker was interested in pursuing a spinal cord stimulator. The current medication regimen includes Percocet, Gralise, naproxen, and lansoprazole. Upon examination, there was no acute distress. The injured worker had full strength in the bilateral upper extremities with lumbar rotation to 20 degrees bilaterally. The physician recommended continuation of the current medication regimen and home exercise program, as well as

continuation of acupuncture treatment. The Request for Authorization form was submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitizia 24mcg#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lubiprostone (Amitiza).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 28 April 2015.

Decision rationale: According to the U.S. National Library of Medicine, Amitiza is used to relieve stomach pain, bloating, and straining, and produce softer and more frequent bowel movements in patients with idiopathic constipation. The injured worker does not maintain a diagnosis of idiopathic constipation. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Short-acting Opioids.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Gralise 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend gabapentin for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Lansoprazole 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

8 acupuncture sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There is no documentation of significant functional improvement following the initial course of treatment. An additional 8 sessions would exceed guideline recommendations. As such, the request is not medically necessary.

