

Case Number:	CM15-0061469		
Date Assigned:	04/07/2015	Date of Injury:	12/03/2002
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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 65 year old female patient who sustained an industrial injury on 12/03/2002. A follow up visit dated 08/22/2014 reported chief complaint of back pain, depression and insomnia. She reports having chronic flares of low back pain and stiffness with intermittent radiating left pain and numbness. She has trialed and failed topical pain medications and is found needing Naprosyn for inflammation and pain control. She does use Vicodin as needed with flare ups, and when using it she is able to perform activities of daily living. In addition, she is getting some relief with the use of Lidoderm patches. Current prescribed medications are: Naproxen, Nexium, and Vicodin. The assessment noted lumbosacral strain with stenosis and sciatica; bilateral wrist sprain; depression secondary to above; insomnia secondary to above and ankle pain. The plan of care involved Vicodin 5/500mg, Naprosyn, Nexium, administered toradol injection. A follow up visit dated 03/11/2015 reported chief complaint of back pain, depression and insomnia. She reports having lost her cane and requiring another one. A cortisone injection was administered at this visit. She reports not wanting surgical intervention; last resort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 65 year old female has complained of low back pain since date of injury 12/3/02. She 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 PPI's 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.

Cortisone Injections S1: 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) Treatment Index, 13th Edition (web), 2015, Hips and Pelvis Chapter, Sacroiliac Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 65 year old female has complained of low back pain since date of injury 12/3/02. She has been treated with physical therapy and medications. The current request is for Cortisone injection S1. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, Cortisone injection S1 is not indicated as medically necessary.

Vicodin 5/500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77-78.

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

Decision rationale: This 65 year old female has complained of low back pain since date of injury 12/3/02. She has been treated with physical therapy and medications to include opioids since at least 12/2014. The current request is for Vicodin. 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, Vicodin is not indicated as medically necessary.