

Case Number:	CM15-0089134		
Date Assigned:	05/13/2015	Date of Injury:	11/28/2011
Decision Date:	07/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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, Hawaii

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 53 year old male, who sustained an industrial injury on 11/28/2011. He reported low back pain from twisting and lifting. Diagnoses have included facet arthropathy, dyspepsia, myalgia and myositis unspecified, low back pain, sacroiliitis, lumbar sprain/strain, lumbar failed back surgery syndrome, lumbar degenerative disc disease, thoracic or lumbosacral radiculopathy and depression. Treatment to date has included lumbar laminectomy, injection, psychiatric treatment and medication. The injured worker underwent bilateral sacral lateral branch radiofrequency neurotomy on 2/18/2015 with benefit. According to the progress report dated 3/30/2015, the injured worker complained of severe back pain. The location of the pain was in the lower back, arms and legs. He rated his pain without medications as 10/10; with medications his pain was rated 8/10. He rated his average pain as 10/10. With medications, the injured worker was able to do simple chores around the house and minimal activities outside the house two days a week. Exam of the lumbar spine revealed tenderness and moderate pain with motion. Thoraco-lumbar myofascial trigger points were noted with moderate muscle spasm. The injured worker was given trigger point injections. The injured worker was temporarily totally disabled. Per the progress report dated 4/1/2015, the injured worker was interested in a spinal cord stimulator. Authorization was requested for clinical psychology, pantoprazole sodium, Norco and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinical Psychology Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS), Psychological Evaluations; Medicare guidelines, Psychological clearance prior to SCS trial or implantation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Specialty referral, page 127.

Decision rationale: The patient has persistent moderate to severe low back pain and has failed back surgery. The current request is for clinical psych evaluation. ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the records indicate the patient has failed back surgery and failed a recent trial of radiofrequency ablation. The attending physician has requested a psych evaluation to provide clearance for a spinal cord stimulator. The request is appropriate as the patient appears to be moving forward with spinal stimulator and psych clearance is mandatory. The current request is medically necessary.

Pantoprazole Sodium 20mg #60 with 1 Refill: Overturned

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, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and CV risk Page(s): 69.

Decision rationale: The patient has persistent moderate to severe low back pain and has failed back surgery. The current request is for Pantoprazole (Protonix). The MTUS page 69, under NSAIDs, GI symptoms & cardiovascular risk provides indications and recommendations for prophylaxis. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, review of the available medical records indicates the patient has a history of GI events and

Motrin tears up his stomach. The available documentation establishes a history of GI events and a diagnosis of dyspepsia. As such, the current request is medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has persistent moderate to severe low back pain and has failed back surgery. The current request is for Norco 10/325 #180mg. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the current request is not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The patient has persistent, moderate to severe low back pain and has failed back surgery. The current request is for Baclofen 10mg, #90. The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the patient has been taking Baclofen on a monthly basis since at least 10/20/14 which is not short term treatment and is beyond the guideline recommendations. The treating physician provides no rationale for exceeding the guidelines. As such, the current request is not medically necessary.