

Case Number:	CM13-0041870		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2013
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported injury on 08/01/2013. The mechanism of injury was stated to be while the patient was performing her customary duties as a CNA she developed low back pain. However, on 08/01/2013, the patient lifted a child weighing approximately 55 pounds to place the child on top of a bunkbed when she experienced sharp back pain. The patient was noted to have tenderness to palpation over the interscapular muscles. The patient was noted to have tenderness to palpation with muscle spasm and guarding over the paraspinal musculature. The patient's diagnoses were noted to include thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right knee sprain. The request was made for Prilosec, Fexmid, Norco 10/325 mg, and an OrthoStim 4 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

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

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

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication was for gastric upset, however, there was a lack of documentation of the efficacy of the medication. Given the above, the request for Prilosec 20 mg #30 is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide efficacy of the requested medication as the patient was noted to have the medication previously prescribed. Additionally, there was a lack of documentation indicating the necessity for ongoing treatment. Given the above, the request for Fexmid 7.5 mg #60 is not medically necessary.

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's" to support ongoing usage of this medication. Given the above, the request for Norco 10/325 #60 is not medically necessary.

Orthostim 4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Galvanic Stimulation, NMES Page(s): 118, 121.

Decision rationale: California MTUS guidelines do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention and galvanic stimulation is considered investigational for all indications. It is characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect and is not recommended. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating the duration of care being requested. Given the above, the request for an OrthoStim 4 unit is not medically necessary.