

<b>Case Number:</b>	CM14-0115470		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/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 injured worker is a 36-year-old male who reported an injury on 06/22/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included adjustment disorder with anxiety, depressed mood, and disc herniation at L4-5 with right L5 radiculopathy. The previous treatments included medication and chiropractic sessions. Within the clinical note dated 06/17/2014, it was reported the injured worker complained of persistent low back pain. The injured worker rated his pain 9/10 in severity without medication. The medication regimen included Norco, Lidoderm patch, Colace, and Prilosec. The provider did not include a physical examination. The provider requested chiropractic sessions for the lumbar spine, Norco, Colace, Prilosec, and Lidoderm patch. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated on 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic X 6 to the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The request for chiropractic x 6 to the lumbar spine is not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The number of sessions the injured worker has undergone was not submitted for clinical review. Therefore, the request is not medically necessary.

**Retrospective: Norco 5/326mg #180 dispensed 6/17/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 5/326 mg, 1 two times a day, #180 dispensed on 06/17/2014 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The provider did not document adequate complete pain assessment within the documentation. There is lack of documentation indicating the medication had been provided and objective functional benefit and improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Retrospective Colace 100mg #300 dispensed 6/17/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

**Decision rationale:** The retrospective request for Colace 100 mg, 1 three times a day at bedtime, #300 dispensed 06/17/2014 is not medically necessary. As the injured worker's opioid medication has not been authorized, the current request for Colace is also not medically necessary. As such, the request is not medically necessary.

**Retrospective: Prilosec 20mg #90 dispensed 6/17/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The retrospective request for Prilosec 20 mg, 1 daily, #90 dispensed 06/17/2014 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, the use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There was lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide clinical documentation indicating the injured worker had diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Retrospective: Lidoderm 5% patches, #60 with 3 refills dispensed 6/17/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The retrospective request for Lidoderm 5% patches, #60 with 3 refills dispensed on 06/17/2014 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and/or elbow of the joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication for an extended period of time which exceeds the guidelines recommendations of short term use. Therefore, the request is not medically necessary.