

Case Number:	CM14-0140211		
Date Assigned:	09/08/2014	Date of Injury:	07/15/2000
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 61-year-old male who reported an injury on 07/15/2000, after falling 12 feet off a scaffold, injuring multiple body parts. The injured worker complained of neck, back, and right knee pain. The injured worker had a diagnosis of tendinosis, bilateral carpal tunnel syndrome, right shoulder impingement syndrome with sprain/strain; left shoulder impingement syndrome with sprain /strain; degenerative joint disease of the left knee, and degenerative joint disease of the right knee. The prior surgeries included status post cervical spine fusion at the C5-6; a lumbar fusion; an open reduction and internal fixation to the left ankle; and status post left carpal tunnel repair. The diagnostics included electrodiagnostic testing. Prior treatments included physical therapy and medications. The objective findings dated 07/14/2014 revealed a Jamar grip dynamometer strength reading of 30/30/30 kg on the right and 31/32/32 kg on the left. Ambulates with a cane and favoring right side extremity. Tenderness was noted to the lumbosacral spine and over the bilateral lumbar paraspinal musculature. Range of motion of the lumbar spine was flexion 35 degrees, extension 15 degrees, and bilateral lateral bending at 15 degrees. Increased lower back pain was reported with ranges of motion. Prior diagnostics included CT, MRI, and x-rays. The medications included benazepril, Dilaudid, Lantus SoloSTAR, omeprazole, tizanidine, and temazepam. The injured worker rated his pain a 7/10 to 8/10 to the right hip and knee, and a 6/10 for the neck. Treatment plan included an evaluation and treatment for cognitive behavioral training. The Request for Authorization dated 09/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation And Treatment For Cognitive Behavioral Training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The California MTUS do not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. The clinical notes do not indicate that the injured worker was facilitating any exercise therapy. As such, the request is not medically necessary.

1 Prescription For Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

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

Decision rationale: The request for 1 Prescription for Prilosec 20mg, #60 is not medically necessary. The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes do not indicate that the injured worker had a history of dyspepsia. The request did not address the frequency.

1 Prescription For Anaprox 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical notes dated 07/14/14 were not

evident that the injured worker was taking the Anaprox. The request did not address that frequency. As such, the request is not medically necessary.

1 Prescription For Zanaflex 4mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical notes dated 07/14/14 were not evident that the injured worker was taking the Anaprox. The request did not address that frequency. As such, the request is not medically necessary.