

Case Number:	CM14-0144373		
Date Assigned:	09/12/2014	Date of Injury:	03/29/2011
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family 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:

This is a 45-year-old female with a 3/29/11 date of injury. The patient hurt her back and left elbow as the result of a fall at work. According to a progress report dated 7/25/14, the patient complained of pain in the lower back with radicular symptoms into the right and left leg. She stated that symptoms were aggravated with prolonged sitting, standing, walking, and lifting. Objective findings: limited lumbar range of motion, tightness and spasm in the lumbar paraspinal musculature noted bilaterally. Diagnostic impression: lumbar spine sprain with radiculopathy, coccydynia. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/14/14 denied the requests for low back brace, Anaprox, Prilosec, and Xanax ER. Regarding low back brace, as this claimant's injury is now over 3 years old, she has long past the acute phase of symptom relief and that medical necessity for a lumbar brace at this point is not apparent. Regarding Anaprox, there is no documentation of monitoring kidney or liver function while using this medication. Regarding Prilosec, there is no indication that the claimant has any gastric disease or risk factors. Regarding Xanax ER, the provider has not provided any rationale for a need for Xanax ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back brace for support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-2. Decision based on Non-MTUS Citation Campbell's Operative Orthopedics, 12th Edition, 2013, by Terry Canale, MD, and James H Beaty, MD

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, guidelines only support back braces in the acute phase of injury. This is an injury that is over 3 years old. In addition there is no evidence that the patient has instability or compression fractures. Therefore, the request for Low back brace for support was not medically necessary.

Anaprox 550 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports reviewed, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Anaprox 550 mg, ninety count was not medically necessary.

Prilosec 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. However, because the initial request for the NSAID, Anaprox, was not found to be medically necessary, this associated request for prophylactic use cannot be substantiated. Therefore, the request for Prilosec 20 mg, sixty count was not medically necessary.

Xanax ER 0.5 mg, sixty count: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It is unclear how long the patient has been taking Xanax ER. Guidelines do not support the long-term use of benzodiazepines. In addition, it is noted that the patient is also taking Norco and Ultram. Guidelines do not support the combined use of benzodiazepine and opioid medications due to the increased risk of adverse effects, such as sedation. Therefore, the request for Xanax ER 0.5 mg, sixty count was not medically necessary.