

Case Number:	CM14-0144797		
Date Assigned:	09/12/2014	Date of Injury:	04/07/2011
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 68-year-old male who reported an injury on 04/07/2011. While stepping off a bus, he felt a pain to his back, where he worked as a bus driver. The injured worker complained of lower back pain that radiated down to the bilateral lower extremities. The injured worker rated his pain a 7/10. The diagnoses included lumbar radiculopathy, degenerative disc disease of the lumbar spine, retrolisthesis at the L2-3 and the L3-4, grade I spondylolisthesis at the L4-5, and right shoulder arthritis. The CT scan of the lumbar dated 07/07/2014 revealed mild lumbar levoscoliosis with a 4 mm retrolisthesis at the L2 on L3 with mild foraminal stenosis at the L2-3 and the L3-4 and multilevel mild facet arthrosis. The diagnostics also included an electromyogram and nerve conduction study to the bilateral lower extremities, which revealed distal symmetric polyneuropathy. The MRI dated 11/13/2012 revealed diffuse degenerative changes with mild retrolisthesis at the L2-3. The objective findings dated 08/06/2014 revealed antalgic gait, range of motion with flexion at 30 degrees and extension 10 degrees, and sensation to the lower extremities intact. Motor examination revealed a left tibialis anterior and bilateral EHL 3/5 and absent Achilles reflex on the left and diminished on the right. The past treatments included chiropractic therapy, medications, cane, injections, and physical therapy. The treatment plan included medication and additional chiropractic therapy. The Request for Authorization dated 08/06/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two (2) times a week for six (6) weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for Chiropractic therapy two (2) times a week for six (6) weeks for the lower back is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement and 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 weeks to 8 weeks. There is a lack of documentation indicating that the injured worker had significant objective functional improvement with the prior therapy, and the documentation does not clearly identify any recent exacerbation or other indication for repeating a course of chiropractic therapy. The documentation did not warrant any medical need for additional chiropractic therapy. As such, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol ER 150mg #90 is not medically necessary. The California MTUS states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation lacked the 4 A's of ongoing monitoring that did not include activities of daily living, adverse side effects, and aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary.

Nabumetone 750mg tablet #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Nabumetone 750mg tablet #120 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 weeks to 8 weeks after starting therapy. Routine blood pressure monitoring is, however, recommended. The clinical notes indicated that the injured worker had been on the non-steroidal anti-inflammatory since 05/14/2014. The request did not indicate the frequency. As such, the request is not medically necessary.

Omeprazole 20mg capsules #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg capsules #120 is not medically necessary. The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. They recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: a history of peptic ulcers, gastrointestinal bleeding or perforation, recurrent use of aspirin or corticosteroids, and/or anticoagulants. The documentation was unclear if the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. The request did not indicate the frequency. As such, the request is not medically necessary.

Orphenadrine Citrate ER 100mg #120: 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 Orphenadrine Page(s): 65.

Decision rationale: The request for Orphenadrine Citrate ER 100mg #120 is not medically necessary. The California MTUS indicates that Orphenadrine is similar to diphenhydramine, but had a greater anticholinergic effect. The mode of action is not clearly understood. The request did not indicate the frequency. As such, the request is not medically necessary.