

Case Number:	CM14-0153744		
Date Assigned:	09/23/2014	Date of Injury:	12/01/2012
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

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 & 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 37-year-old female, who reported injury on 12/01/2012. The mechanism of injury was the injured worker was repositioning a patient and while she was pulling she felt a snap and pain in her left shoulder. The prior treatments included an epidural steroid injection. The diagnostic studies were not provided. The surgical history was non-contributory. The documentation of 09/02/2014 revealed that the injured worker had left shoulder pain. The injured worker had lumbar spine pain. The injured worker had an epidural steroid injection with excellent results. The injured worker had decreased range of motion of the lumbar spine and cervical spine. The diagnoses included lumbar spine sprain and strain, cervical spine sprain and strain, and left shoulder rule out lateral pathology. The treatment plan included Protonix 40 mg 1 by mouth twice a day #60, Neurontin 100 mg #60, Norco 10/325 mg 1 by mouth twice a day, ibuprofen 600 mg, and a followup, as the injured worker had an epidural steroid injection in 05/2014 and had improvement following injection. The injured worker's medication use included ibuprofen and Neurontin as of 04/2014. The injured worker underwent urine drug screens. There was no documented rationale for the requested treatments with the exception of the epidural steroid injection. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective functional improvement and documentation of at least 50% relief for 6 to 8 weeks with a reduction in pain medications for this same timeframe. The clinical documentation submitted for review indicated the patient had excellent relief with prior epidural steroid injection. However, there was a lack of documentation of the above criteria. Additionally, the request as submitted failed to indicate the type of injection, the laterality, and the level for the injection. Given the above, the request for Possible injection is not medically necessary.

Ibuprofen 800 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend NSAIDs for the short term symptomatic treatment of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The duration of use was since at least 04/2014. The clinical documentation submitted for review failed to meet the above criteria and failed to provide a rationale for the medication. Additionally, the request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Ibuprofen 800 mg is not medically necessary.

Omeprazole 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers who are intermediate or high risk for gastrointestinal events, and injured workers with no risk factor or no cardiovascular disease do not require the use of the proton pump inhibitor. Additionally, proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation indicating the injured worker had dyspepsia. The duration of use could not be established. As

the request for ibuprofen was found to be not medically necessary, the request for Omeprazole would not be medically necessary. Additionally, the request as submitted failed to indicate the frequency and quantity of the medication being requested. Given the above, the request for Omeprazole 20 mg is not medically necessary.

Neurontin 300 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was since at least 04/2014. The request as submitted failed to indicate the frequency and quantity of the medication being requested. Given the above, the request for Neurontin 300 mg is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens when there is documentation of issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. The request for Urine Toxicology is not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Flexibility

Decision rationale: The Official Disability Guidelines indicate that flexibility is not recommended as a primary criteria; however, it should be part of a routine musculoskeletal evaluation. The clinical documentation submitted for review indicated the injured worker had

decreased range of motion. However, there was a lack of documentation indicating a rationale for the requested intervention. Additionally, there was a lack of specific physician documentation indicating a request for range of motion testing. The request as submitted failed to indicate the body part to be tested. Given the above, the request for Range of motion testing is not medically necessary.