

Case Number:	CM14-0026201		
Date Assigned:	06/13/2014	Date of Injury:	04/12/2011
Decision Date:	08/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical agent; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 31, 2014, the claims administrator denied a request for omeprazole, partially certified a request for gabapentin, denied a request for Lidoderm patches, approved a psychology referral, approved a psychiatry referral, denied a request for six sessions of physical therapy for lumbar spine, and denied an MRI of the lumbar spine. The claims administrator invoked non-MTUS ODG Guidelines in its decision to deny the lumbar MRI and also invoked non-MTUS Chapter 7 ACOEM Guidelines to approve the psychiatry referral. The applicant's attorney subsequently appealed. In a January 28, 2014 progress note, the applicant presented with chronic low back pain, chronic pain syndrome, myositis, and depression. The applicant had had an earlier lumbar MRI imaging of August 2011 notable for a low-grade 2 mm disk protrusion at L5-S1, it was acknowledged. The applicant was on Neurontin, Lidoderm, and Prilosec, it was further stated. The applicant was not working. The applicant reported 8/10 pain. Lower extremity paresthesias were noted. The applicant is having difficulty performing bending, lifting, and carrying, it was further stated. The applicant was not doing home exercises secondary to pain, it was suggested. A variety of medications were refilled. The applicant did have hypo-sensorium about the right leg appreciated on exam. Well preserved lower extremity strength was noted. The applicant did appear depressed and anxious. The pain psychology consultation, physical therapy, psychiatry consultation, lumbar MRI imaging, and Neurontin were endorsed. The applicant's work status was not clearly stated, although did not appear that

the applicant was working. No goals for further physical therapy were clearly outlined. In the review of systems section of the report, it was stated that the applicant denied any issues of abdominal pain, vomiting, or diarrhea. There was no mention of any issues with heartburn. The applicant did report depression in the review of systems section, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG QUANTITY: 60 REFILLS: (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues of NSAID-induced dyspepsia, in this case, however, the applicant does not have any clearly described issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for Omeprazole 20 MG is not medically necessary.

GABAPENTIN 300 MG 1 TAB TWICE DAILY QUANTITY: 60 REFILLS: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC MEDICATIONS Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant does not appear to be working. The applicant continues to report pain in the 8/10 range, despite ongoing gabapentin usage. The lower extremity paresthesias are still evident, despite ongoing gabapentin usage. Ongoing usage of gabapentin, thus, does not appear to have produced requisite improvements in pain and/or function. Therefore, the request for Gabapentin is not medically necessary.

LIDODERM PATCH 5%(700MG/PATCH) 1 PATCH DAILY QUANTITY: 30 REFILLS: (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112, 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of Lidoderm patches to combat neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant continues to report 8/10 pain, despite ongoing usage of lidocaine. The applicant does not appear to be working. The applicant is apparently having difficulty performing even basic activities of daily living such as bending, carrying, lifting, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request for Lidoderm Patch 5% (700MG/PATCH) is not medically necessary.

PHYSICAL THERAPY X 6 SESSIONS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99,8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no clear demonstration of functional improvement achieved through earlier physical therapy. The applicant is off of work. The applicant remains highly reliant and highly dependent on various analgesic and adjuvant medications. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Accordingly, the request for six additional sessions of Physical Therapy is not medically necessary.

MRI OF LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention in so far as the lumbar spine is concerned. It was not clearly stated how (or if) the lumbar MRI imaging study in question would alter the treatment plan. Therefore, the request is not medically necessary.