

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0219195 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 08/30/2013 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on August 30, 2013. He has reported pain in the middle of the back. The diagnoses have included thoracic degenerative disc disease, myofascial pain syndrome with active triggers, thoracic spine pain and thoracic herniated disc. Treatment to date has included pain medication, back brace, acupuncture, chiropractic therapy and physical therapy. Currently, the injured worker complains of ongoing mid and low back pain. The injured worker reported being limited in activities including sitting, standing and walking. He described the pain in the mid back as constant, dull, aching pain and rated it a 6 on a 10-point scale. The mid back pain radiated to the shoulder and neck and he continued to experience spasms in the mid back with increased activity. The injured worker reported associated weakness in the bilateral upper extremities, left greater than right. He reported that he has difficulty sleeping due to pain and discomfort and uses ice packs for temporary relief. On December 16, 2014, Utilization Review non-certified a request for chiropractic therapy 2 x 4 to the thoracic spine noting the injured worker had 17 previous sessions of chiropractic therapy and that relief lasted for a couple of days; and no documentation of functional benefit or the documentation that the therapy reduced the need for additional medical treatment or a progress to returning to even a modified work status. The request for omeprazole 20 mg #60 was not certified noting that the injured worker is not prescribed any NSAIDs and the request for Norco 10/325 #90 was not certified noting that the injured worker had time previously to be weaned from the medication. The MTUS and ACOEM Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for

review of chiropractic therapy 2 x 4 for the thoracic spine, omeprazole 20 mg #60 and Norco 10/325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 for thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: Manual therapy and manipulation is recommended as an option with a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Elective/maintenance care is not medically necessary. In this case, it is stated the worker has received only short term benefit lasting for a couple of days from 17 previous chiropractic sessions and there is no documentation of objective functional improvement.

Omeprazole 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 NSAID's Page(s): 68.

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes

including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.