MAXIMUS Federal Services

Case Number:	CM14-0087872		
Date Assigned:	07/23/2014	Date of Injury:	05/15/2005
Decision Date:	06/29/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/11/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old female who sustained an industrial injury on May 15, 2005. She has reported neck, low back, right hip, and lower extremity pain and has been diagnosed with cervical sprain/strain, chronic, discogenic low back pain status post two fusions procedures, post laminectomy syndrome of the lumbar spine, and chronic sprain/strain of the right hip. Treatment has included surgery, medications, a TENS unit, physical therapy, and chiropractic care. Currently the injured worker complains of pain in the neck, bilateral shoulders, right hip, right leg, and mid and low back. The treatment request included medication and a body bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #90: Upheld

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

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

Decision rationale: The patient was injured on 05/15/05 and presents with low back pain and hip pain. The request is for CLONAZEPAM 0.5 MG #90. The RFA is dated 04/18/14 and the patient's work status is not provided. None of the reports provided discuss this medication. Treatment reports are illegible. MTUS guidelines state on page 24 that benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The reason for the request is not provided. The patient is diagnosed with cervical sprain/strain, chronic, discogenic low back pain status post two fusions procedures, post laminectomy syndrome of the lumbar spine, and chronic sprain/strain of the right hip. The treater does provide any discussion regarding Diazepam. MTUS guidelines do not recommend benzodiazepines use for long-term and limits use to 4 weeks. The requested 90 tablets of Clonazepam does not indicate intended short-term use of this medication and exceeds the 4 week limit by MTUS guidelines. Therefore, the requested Clonazepam IS NOT medically necessary.

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 05/15/05 and presents with low back pain and hip pain. The request is for IBUPROFEN 800 MG #100. The RFA is dated 04/18/14 and the patient's work status is not provided. None of the reports provided discuss this medication. Treatment reports are illegible. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The reason for the request is not provided. The patient is diagnosed with cervical sprain/strain, chronic, discogenic low back pain status post two fusions procedures, post laminectomy syndrome of the lumbar spine, and chronic sprain/strain of the right hip. The treater does provide any discussion regarding Ibuprofen. There are no documentations provided regarding how this medication has helped reduce the patient's pain and improve function, as required by MTUS page 60. Therefore, the requested Ibuprofen IS NOT medically necessary.

Omeprazole 20mg #30: 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, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 05/15/05 and presents with low back pain and hip pain. The request is for OMEPRAZOLE 20 MG #30. The RFA is dated 04/18/14 and the patient's work status is not provided. None of the reports provided discuss this medication. Treatment reports are illegible. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient is diagnosed with cervical sprain/strain, chronic, discogenic low back pain status post two fusions procedures, post laminectomy syndrome of the lumbar spine, and chronic sprain/strain of the right hip. The treater does provide any discussion regarding Omeprazole. As of 04/17/15, the patient is taking Ambien and Norco. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested omeprazole IS NOT medically necessary.

Total body bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Bone scan: and Lumbar Spine sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Bone scanUS national library of medicine NIH (http://www.nlm.nih.gov/medlineplus/ency/article/003833.htm).

Decision rationale: The patient was injured on 05/15/05 and presents with low back pain and hip pain. The request is for TOTAL BODY BONE SCAN. The RFA is dated 04/18/14 and the patient's work status is not provided. Treatment reports are illegible. The report with the request is not provided. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Bone scan states: "Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma." Bonescan for fractures: US national library of medicine NIH (http://www.nlm.nih.gov/medlineplus/ency/article/003833.htm) states a bone

scan can be used to "Evaluate metabolic disorders, such as osteomalacia, renal osteodystrophy, primary hyperparathyroidism, osteoporosis, complex regional pain syndrome, and Paget's disease." The reason for the request is not provided. The patient is diagnosed with cervical sprain/strain, chronic, discogenic low back pain status post two fusions procedures, post laminectomy syndrome of the lumbar spine, and chronic sprain/strain of the right hip. The treater does provide any discussion regarding this request. There is no discussion on suspected metastases, inflammatory arthropathies, significant fracture, or other significant bone trauma. Per ODG guidelines, bone scan is "not recommended, except for bone infection, cancer, or arthritis." The request is not in accordance with guidelines. Therefore, the request for whole body bone scan IS NOT medically necessary.