

Case Number:	CM15-0105579		
Date Assigned:	06/09/2015	Date of Injury:	08/23/2012
Decision Date:	07/10/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 08/23/2012. The injured worker was noted to have left acute popping sensation in his lumbar spine, which was associated with leg pain. On provider visit dated 05/08/2015 the injured worker has reported ongoing low back pain. On examination, he was noted to have a slow gait and using a cane to assist with ambulation. Lumbar spine was note to have significant decreased range of motion in all planes. He was noted to have a decreased in pain with medication 9/10 pain level prior to medication and 5/10 with medication. Medication regimen was noted to allow him to perform activities of daily living. The diagnoses have included chronic low back pain, post laminectomy syndrome with prior laminectomy and discectomy on 06/10/2013 at multiple levels. Status post anterior/posterior fusion and 09/08/2014 and 09/09/2014. Treatment to date has included ongoing physical therapy, laboratory studies, injections and current medication was noted as Norco, Motrin and Gabapentin. The provider requested Motrin and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) 2013, Low Back Chapter, Office visits, page 898.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for radiating low back pain. When seen, pain was rated at 5/10 with medications. Physical examination findings included a slow gait with use of a cane. There was decreased lumbar spine range of motion. The claimant had previously undergone two lumbar spine surgeries, in June 2013 and September 2014. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. However, an unlimited number of follow-up visits is not medically necessary.

Motrin 800mg bid qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for radiating low back pain. When seen, pain was rated at 5/10 with medications. Physical examination findings included a slow gait with use of a cane. There was decreased lumbar spine range of motion. The claimant had previously undergone two lumbar spine surgeries, in June 2013 and September 2014. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.