

Case Number:	CM15-0111173		
Date Assigned:	06/17/2015	Date of Injury:	02/11/2009
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72-year-old female who sustained an industrial injury on 02/11/09. Initial complaints and diagnoses are not available. Treatments to date include medication, rest, ice, exercise, cognitive behavioral therapy, and psychotherapy, acupuncture, and physical therapy. Diagnostic studies are not addressed. Current complaints include lower back and left hip pain. Current diagnoses include pain in the joint of pelvic region and thigh, thoracic or lumbosacral neuritis or radiculitis, sprains and strains of lumbar region, and sacroilitis. In a progress note dated 04/24/15 the treating provider reports the plan of care as medications including naproxen, Cymbalta, and omeprazole, as well as chiropractic treatment. The requested treatment includes chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-60.

Decision rationale: The request is for 8 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 8 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. Original reviewer modified the request from 8 sessions to 6 sessions. 8 sessions of chiropractic therapy is not medically necessary.

Cymbalta 20mg (qty unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 14,105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have radicular pain. In addition, there is no dose or quantity stated in the request. . There was no documentation of functional improvement noted. Cymbalta 20mg (qty unspecified) is not medically necessary.

Omeprazole DR 20mg (qty unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Omeprazole DR 20mg is medically necessary.