

Case Number:	CM15-0123548		
Date Assigned:	07/08/2015	Date of Injury:	11/13/2010
Decision Date:	09/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on 11/20/10. The mechanism of injury was not documented. The injured worker was diagnosed as having grade I spondylolisthesis at L5-S1, multilevel lumbar stenosis and lumbar radiculopathy. Treatment to date has included 22 chiropractic treatments, 16 physical therapy visits, 2 epidural injections, oral medications including Pamelor, Prilosec, Norco and Norflex and topical LidoPro cream and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 2/23/12 revealed left sided laminotomy defect at L4-5, 2-3mm bulge at L3-4, L2-3 right paracentral protrusion and annular tear without significant central or foraminal stenosis and L5-S1 2mm anterolisthesis and central annular fissure and hypertrophic facets. Currently on 5/11/15, the injured worker complains of neck pain with numbness in upper extremities to wrists occasionally and tightness from left side of neck to left shoulder rated 5/10 and lower back pain rated 5/10 with numbness down the right leg to the knee and persistent spasms in his back. He notes acupuncture has been the most helpful in alleviating pain by approximately 50% temporarily and medications helped decrease his pain by about 50% temporarily, and help him to increase his walking by about 15 minutes, he tries to walk 45-60 minutes per day, noting ambulation helps to relieve the pain. He has not worked since 11/2010. Physical exam performed on 5/11/15 noted gait mildly antalgic, decreased lumbar range of motion due to pain, pain with lumbar facet loading and intact lower extremity sensation. Laboratory studies performed on 5/11/15 noted worsened Creatinine level since previous test performed on 8/5/14. The treatment plan included continued request for physical therapy, advised to minimize his medication use

with prescriptions for Norflex ER 100mg #60, trial of Ultracet 37.5/325mg #90, Prilosec #120, Orphenadrine citrate 100mg and Capsaicin cream; Laboratory studies for liver and kidney function and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. This patient is not currently taking an NSAID and diagnosis of gastritis is not documented. There is no abdominal examination included in the records. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: Orphenadrine (Norflex) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, the patient has been prescribed Norflex for at least 5 months. The documentation does not include specific response to his medications. Based on the submitted documentation, the medical necessity for Orphenadrine has not been established. The requested medication is not medically necessary.

Capsaicin cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS guidelines recommend Capsaicin only when other, conventional treatments have failed. Assuming medical necessity, MTUS recommends the 0.025% strength for the common indications (osteoarthritis, fibromyalgia and non-specific back pain). There is no evidence supporting the 0.0375% strength over the lower and widely available 0.025% strength. MTUS notes 0.075% formulation was primarily studied for post herpetic neuralgia, diabetic neuropathy and post mastectomy pain. In this case, there is no evidence of failed trial of NSAIDs and the strength of the requested topical medication is not indicated. Therefore, the request for Capsaicin is not medically necessary.

Physical therapy once a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: CA MTUS guidelines recommend physical therapy (passive) for short term relief during the early phases of pain treatment and are directed at controlling symptoms of pain, inflammation and swelling to improve the rate of healing and (active) is indicated for restoring flexibility, strength, endurance, function, range and alleviation of discomfort. An objective, positive response is required for range of motion, strength and functional ability to substantiate additional physical therapy sessions. The IW has previously had physical therapy treatment. The documentation submitted did not provide objective outcomes of prior physical therapy including changes in pain, function or strength. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." There is no mention of a home PT program in the records. The request for PT is not medically necessary.

Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/1934467, www.ncbi.nlm.nih.gov/pubmed/10172034.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/search?search=laboratory+test+screening>.

Decision rationale: CA MTUS and ODG are silent on this topic. It is unclear from the records what laboratory tests are being requested. It is also unclear why laboratory testing is requested. The documentation does not include a clear plan for surgical intervention. The documentation does not include discussion of previous laboratory tests that need monitoring. There are no physical examination findings documented to support laboratory testing. Without clarification of suspected conditions, physical exam findings to support these suspicions or discussion of tests being requested, the request for labs is not medically necessary.