MAXIMUS Federal Services

Case Number:	CM15-0142844		
Date Assigned:	09/02/2015	Date of Injury:	03/12/2010
Decision Date:	10/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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 55-year-old male, who sustained an industrial injury on 03-12-2010. On provider visit dated 11-20-2012 the injured worker has reported ongoing lower back pain, which was noted to radiate down both lower extremities. On the objecting findings, the injured worker was noted to be in mild to moderate distress. Lumbar spine was noted to have tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle tone. A decreased range of motion was noted. A straight leg raises was noted as positive bilaterally. The diagnoses have included lumbar myoligamentous injury with severe degenerative disc disease and foraminal narrowing and bilateral lower extremity radiculopathy. Treatment to date has included medication and injections. The provider requested the following retrospective treatments: trigger point injections, Lortab, Zanaflex, Topamax Anaprox, and Prilosec for DOS 11-20-2012 and Retrospective surgery evaluation for DOS 08-11-2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Retrospective Trigger Point Injections (DOS: 11/20/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. No, repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The patient does not meet the requirements set forth above having only documented two weeks of relief from previous injections. Therefore, the request is not medically necessary.

Retrospective Lortab 7.5/500mg, #60 (DOS: 11/20/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Therefore, the request is not medically necessary.

Retrospective Zanaflex 4mg, #60 (DOS: 11/20/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time without significant functional improvement. Therefore, the request is not medically necessary.

Retrospective Topamax 50mg, #60 (DOS: 11/20/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that Topamax is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Topamax is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Therefore, the request is not medically necessary.

Retrospective Anaprox 550mg, #60 (DOS: 11/20/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Therefore, the request is not medically necessary.

Retrospective Prilosec 20mg #60, (DOS: 11/20/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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 no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Therefore, the request is not medically necessary.

Retrospective Surgery Evaluation (DOS: 8/11/2010): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to available documentation, the patient does not meet the criteria for a surgical consultation. The patient has not failed conservative treatment and there is no evidence of progressive and significant neurologic symptomology involving the lumbar spine. Therefore, the request is not medically necessary.