MAXIMUS Federal Services

Case Number:	CM15-0176021		
Date Assigned:	09/17/2015	Date of Injury:	07/07/2011
Decision Date:	11/10/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 53 year old female who sustained an industrial injury on 07-07-2011. According to a progress report dated 07-07-2015, the injured worker was "not doing well". She was depressed, had severe pain in the back and cramping pain into the legs. Physical examination demonstrated a very depressed female. Movement was slow and guarded. She had tenderness diffusely to the cervical and lumbar areas. Active voluntary range of motion of the cervical spine disclosed that the injured was very guarded in the neck motion. She reported moderate pain at the extremes of motion. Active voluntary range of motion of the thoracolumbar spine was severely limited. The provider noted that the injured worker had a VAS score of 65 without medication. "With the current regimen of medication, the patient's function has dramatically improved." VAS score had now been reduced to 23. Current medication regimen was not documented in the 07-07-2015 progress report. On 07-07-20015, authorization was requested for acupuncture, Orphenadrine, Ibuprofen-Hydrocodone and Omeprazole. Diagnoses included degeneration of lumbar and impingement syndrome. On 08-12-2015, Utilization Review non-certified the request for retro (date of service 7-7-15) Orphenadrine 100 mg #120, retro (date of service 7-7-15) Ibuprofen-Hydrocodone 200-7.5 mg #180, retro (date of service 7-7-15) Omeprazole 20 mg #180 and initial acupuncture care for the cervical spine and lumbar spine 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/7/15): Orphenadrine 100mg #120: 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Orphenadrine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back pain of the cervical and lumbar spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for orphenadrine is not-medically necessary.

Retro (DOS 7/7/15): Ibuprofen/Hydrocodone 200/7.5mg #180: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Ibuprofen/hydrocodone 200/7.5 is not-medically necessary.

Retro (DOS 7/7/15):Omeprazole 20mg #180: 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-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient's request for ibuprofen/hydrocodone is not authorized. Ibuprofen is an NSAIDS. Therefore, the request for PPI is not indicated since the patient's NSAID containing medication is not authorized. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Therefore, based on the submitted medical documentation, the request for an Omeprazole prescription is not medically necessary.

Initial Acupuncture Care for the Cervical Spine and Lumbar Spine (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. This patient has been prescribed acupuncture for 8 sessions the medical records support that this patient has severe back pain and crampy leg pain. Based on MTUS guidelines, a trial of acupuncture is clinically appropriate, however, the requested duration is not indicated. Specifically, MTUS only recommends that a trial of 3 to 6 sessions is necessary to assess for efficacy. Therefore, based on the submitted medical documentation, the request for acupuncture testing is not medically necessary.