

Case Number:	CM15-0177221		
Date Assigned:	09/17/2015	Date of Injury:	06/06/2010
Decision Date:	12/01/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 June 6, 2010. On March 9, 2015, the injured worker had continued lumbosacral pain and the evaluating physician noted it "continues the same." She rated her pain a 6 on a 10-point scale. She had decreased lumbar spine range of motion. On April 4, 2015, the injured worker reported lumbar spine pain and had decreased lumbar spine range of motion and tenderness to palpation over the lumbar paraspinal muscles. On August 3, 2015, the injured worker reported lumbosacral spine pain which was moderate to severe and constant. She had decrease lumbosacral range of motion with flexion of 40 degrees and extension of 20 degrees. She had tenderness to palpation of the lumbar spine paraspinal muscles. A urine drug screen on June 15, 2015 was not consistent with the injured worker's medications. Her medications include Naproxen, Prilosec, and Flexeril since at least April 27, 2015. The injured worker was diagnosed as having lumbosacral sprain-strain. Treatment to date has included NSAIDS, diagnostic imaging, and pain medications. A request for authorization for Naproxen 550 mg, Prilosec 20 mg, Flexeril 10 mg, Urine toxicology and re- evaluation in 6 weeks was received on August 12, 2015. On August 25, 2015, the Utilization Review physician determined Naproxen 550 mg, Prilosec 20 mg, Flexeril 10 mg, Urine toxicology and re-evaluation in 6 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg (unspecified quantity): 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: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritis pain. The submitted records do not suggest that NSAIDs have been effective in the treatment of the injured workers chronic pain. Furthermore, long-term use is not recommended and there are no extenuating factors to justify non-adherence to recommendations. This request is non-certified.

Prilosec 20mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. The injured worker does not maintain any of the above diagnoses, and as the request for NSAID has been deemed non-certified, so is the concurrent request for Prilosec, a PPI.

Flexeril 10mg (unspecified quantity): 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated, "This medication is not recommended to be used for longer than 2-3 weeks." From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." There are no extenuating circumstances to justify non-adherence to the MTUS guidelines. Long-term use is not warranted and despite this medication, pain is significant with no change in overall pain condition on most recent physician assessment.

Urine toxicology: 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): Drug testing.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There was a recent urine screen noted in the submitted records, and no clear rationale for repeating a urine screen so soon. Furthermore, there is no risk stratification noted, to stratify the patient for opioid risk. Medical necessity has not been established.

Re-evaluate in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127 Official Disability Guidelines (ODG), Pain - Office visits.

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

Decision rationale: Evidence based guidelines note the use of regular follow up visits is a standard procedure in the workers' compensation system, where current protocol requires that follow up reports are done at least every 45 days. Certain treatments require follow up sessions on a more frequent basis; these circumstances should be specifically addressed in the medical records. Within the submitted records, this injured worker has chronic pain and is prescribed medications. The injured worker requires frequent monitoring to ensure response to provided treatments for chronic pain. This request is as such, certified.