

Case Number:	CM15-0026980		
Date Assigned:	02/19/2015	Date of Injury:	09/21/2006
Decision Date:	06/11/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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 41 year old male who sustained an industrial injury on 09/21/2006. The injured worker reportedly suffered a low back twisting injury while stepping off of a ladder. Diagnoses include status-post lumbar surgery, multilevel disc disease, chronic low back pain, lumbar neuropathic radicular pain, myofascial pain, and erectile dysfunction. Treatment to date has included medications, acupuncture, TENS Unit, physical therapy and chiropractic sessions. A physician progress note dated 01/02/2015 documented the injured worker had back pain rated a 4/10 as well as cramping in both legs, more so on the right. The pain radiated down both lower extremities to the ankle, more on the right. There was tenderness over the right lumbosacral junction and scar area, and mild to moderate postural kyphosis with head slouched forward. Treatment requested was for Naproxen 550mg #60 (dispensed 1-2-15), Omeprazole 20mg #60 (dispensed 1-2-15), Schedule Acupuncture evaluation, Schedule sexual function evaluation, and Schedule with Physical Medicine and Rehabilitation to evaluate epidural. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Schedule with Physical Medicine and Rehabilitation to evaluate epidural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, it was noted that the injured worker had been issued a previous authorization for a pain management consultation for consideration of an epidural injection in 11/2014. The medical necessity for an additional evaluation has not been established in this case. As such, the request is not medically appropriate.

Schedule Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. In this case, there was no specific quantity of sessions or specific body part to be treated listed in the request. Therefore, the request is not medically appropriate at this time.

Schedule sexual function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Specific guidelines regarding a sexual function evaluation cannot be utilized as the provider has not clarified what type of specialist he is requesting for this evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, it was noted that the injured worker reported sexual difficulty. However, the medical records did not establish the specific type of specialist that was being recommended. As such, the request is not medically necessary at this time.

Omeprazole 20mg #60 (dispensed 1-2-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Naproxen 550mg #60 (dispensed 1-2-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn) NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized Naproxen 550 mg for an unknown duration. It was noted on 06/14/2014, Naproxen 550 mg was discontinued secondary to stomach upset. The medical necessity for the ongoing use of this medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.