MAXIMUS Federal Services

Case Number:	CM15-0033434		
Date Assigned:	02/26/2015	Date of Injury:	08/21/2012
Decision Date:	06/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 female, who sustained an industrial injury on 08/21/2012. On provider visit dated 11/26/2014 the injured worker has reported low back pain focal to lower extremities and able to ambulate with minimal pain. The diagnoses have included lumbar sprain/strain improving. Treatment to date has included medication and acupuncture treatment and TENS unit. Treatment plan was to continue with previous prescribed medication and treatments. On examination he was noted to have a decreased range of motion of lumbar spine and tenderness on palpation of the lumbar paravertebral muscles. On 01/21/2015, Utilization Review modified refill ibuprofen, dosage, directions and numbers of pills not specified. And non-certified refill Flexeril; dosage, directions, and number of pills not specified, refill Prilosec; dosage, directions and number of pills not specified, and continue acupuncture; amount and frequency/duration not specified. The CA MTUS, Acupuncture and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill ibuprofen, dosage, directions and numbers of pills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: According to the MTUS and ODG guidelines, NSAID's are recommended as a second-line treatment after acetaminophen for exacerbations of chronic back pain. NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. Ibuprofen dosage is recommended to be Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. Dosage and frequency were not included in the request and there is no evidence that the IW had an adequate trial of acetaminophen. This request is not medically necessary and appropriate.

Refill Flexeril; dosage, directions, and number of pills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does reference muscle spasm that the Flexeril would be used for however at this time frame it is not indicated. This request is not medically necessary and appropriate.

Refll Prilosec; dosage,directions and number of pills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: According to MTUS guidelines the use of gastrointestinal protectants in conjunction with NSAID use is to be based on risk factors and if required a proton pump inhibitor is to be initiated. There were no risk factors or history of gastrointestinal problems noted in the chart. Risk factors 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 (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary and appropriate.

Continue acupuncture; amount and frequency/duration not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe 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. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture guidelines note that response should be noted within 3 to 6 treatments and can be done 1 to 3 times a week up to 2 months. There is no documentation of how many treatments the IW had already undergone. The IW is not currently reducing pain medication, intolerant of pain medication or attending physical therapy. This request is not medically necessary and appropriate.