

Case Number:	CM15-0045499		
Date Assigned:	03/17/2015	Date of Injury:	01/24/2014
Decision Date:	05/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 37-year-old male who reported injury on 01/24/2014. The mechanism of injury was the injured worker was wrapping the bottom of a pallet. The injured worker's diagnoses included lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain and strain, right carpal tunnel syndrome, right wrist sprain and strain, right knee chondromalacia and right knee internal derangement as well as right knee pain and sprain and left knee chondromalacia pain and strain. The injured worker underwent a urine drug screen on 12/04/2014. The surgical history was stated to be none. Prior therapies included 3 epidural steroid injections. The documentation of 02/05/2015 revealed the injured worker had complaints of constant moderate pain of a 6/10 with associated sharp low back pain and stiffness. The injured worker had decreased range of motion. There was tenderness to palpation of the coccyx sacrum and spinous process. There were muscle spasms bilaterally in the gluteus and lumbar paravertebral muscles. The medications dispensed included gabapentin 400 mg, naproxen sodium 550 mg, cyclobenzaprine 7.5 mg and pantoprazole 20 mg. The injured worker underwent a urinalysis for compliance. The injured worker was given a prescription of Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication consultation (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids for 3 months. The clinical documentation submitted for review indicated the injured worker had started on the opiates as of the requested date of service. There was a lack of documentation of exceptional factors to support a necessity for a medication consultation. Given the above, the request for retrospective request for medication consultation (DOS: 2/5/15) is not medically necessary.

Retrospective request for Gabapentin 400mg #60 (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had previously been treated with the medication. There was a lack of documentation of an objective decrease in pain of at least 30% to 50%. There was a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for gabapentin 400mg #60 DOS: 2/5/2015 is not medically necessary.

Retrospective request for Naproxen Sodium 550mg #60 (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDS for short term treatment of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The

clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective request for naproxen sodium 550mg #60 (DOS: 2/5/15) is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. There use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extensive duration of time. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for cyclobenzaprine 7.5mg #90 (DOS: 2/5/15) is not medically necessary.

Retrospective request for Pantoprazole 20mg #30 (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate or higher risk for gastrointestinal events. The clinical documentation submitted for review failed to provide documentation the injured worker was at intermediate or higher risk for gastrointestinal events. The request as submitted failed to indicate the request for the requested medication. Given the above, the retrospective request for pantoprazole 20mg #30 (DOS: 2/5/15) is not medically necessary.

Retrospective request for specimen collection with handling (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screen for injured workers who have documented issues of abuse, addiction or poor pain control. As the urine drug screen is not medically necessary, this request is not supported. Given the above, the request for retrospective request for specimen collection with handling (DOS: 2/5/15) is not medically necessary.

Retrospective request for a urine tox screen (DOS: 2/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screen for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review indicated the injured worker had previously undergone urine drug screens. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. There was a lack of documentation of exceptional factors. Given the above, the request for retrospective request for urine tox screen (DOS: 2/5/15) is not medically necessary.