

Case Number:	CM15-0063588		
Date Assigned:	04/09/2015	Date of Injury:	04/22/2009
Decision Date:	06/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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 71-year-old male who reported an injury on 04/22/2009. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, lumbar compression fracture, chronic pain syndrome and sciatica. The injured worker presented on 03/12/2015 for a followup evaluation with complaints of 8/10 mid and low back pain. The injured worker also reported joint pain, morning stiffness, fatigue, increased urinary urgency, nocturia, urinary tract infections, and depression. Quality of sleep was poor. The injured worker was also attempting a home exercise program for pain relief. The injured worker had not been able to return to work. The current medication regimen includes naproxen, Horizant ER, ibuprofen, aspirin, atenolol, omeprazole, tamsulosin and oxybutynin. Upon examination of the lumbar spine, there was decreased lumbar lordosis, negative straight leg raise, and tenderness over the thoracic and lumbar region. Motor examination revealed normal tone and power. Treatment recommendations included continuation of the current medication regimen and home exercise program. A trial of acupuncture for the mid and low back was also recommended. A Request for Authorization form was submitted on 03/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 250MG #60 WITH 2 REFILLS: Upheld

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

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, the injured worker has continuously utilized the above medication since 2012. There is no documentation of objective functional improvement. Guidelines do not support long term use of NSAIDS. The request for 2 additional refills would not be supported. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

DUEXIS 800MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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. In this case, the injured worker is currently prescribed naproxen 250 mg. The medical necessity for 2 separate NSAIDS has not been established. The medical necessity for a combination medication has also not been established. There is no frequency or quantity listed in the request. As such, the request is not medically necessary.

1 URINE TOXICOLOGY BETWEEN 2/11/2015 AND 5/15/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There

is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

1 SLEEP STUDY 2/11/2015 AND 5/15/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Polysomnography..

Decision rationale: According to the Official Disability Guidelines, a polysomnography of sleep study is recommended for a combination of indications. In this case, the injured worker does not maintain a diagnosis of insomnia or sleep apnea. There is no documentation of excessive day time somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes or sleep related breathing disorders. The medical necessity for the requested sleep study has not been established in this case. As such, the request is not medically necessary.