

Case Number:	CM15-0072415		
Date Assigned:	04/22/2015	Date of Injury:	04/17/2014
Decision Date:	07/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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: Arizona, Texas

Certification(s)/Specialty: 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 31 year old male, who sustained an industrial/work injury on 4/17/14. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having low back pain, herniated disc of lumbar spine, radiculitis of the lower extremities, left shoulder impingement syndrome, cervical strain, rule out disc herniation of cervical spine, and radiculitis of upper and lower extremities. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of severe neck and back pain, rated 9/10. The pain is sharp and radiated down the upper and lower extremities with numbness and tingling to the upper and lower extremities. Per the primary physician's progress report (PR-2) on 2/17/15, examination noted positive tenderness over the paracervical musculature, pain with extension and lateral bend bilaterally. Reflexes to cervical spine region were 2+. Lumbothoracic region had 2+ reflexes, positive Hawkin's test, and limited range of motion. Current plan of care included chronic pain management, spine surgery consultation, testing, and medication. The requested treatments include Omeprazole, Diclofenac XR, Spinal Surgery 2nd opinion consult, Functional Capacity Assessment, and Pain Management follow up,

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

Diclofenac XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 66-67.

Decision rationale: All NSAIDs have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDs may compromise renal function. According to the MTUS NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDs are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. In this case the documentation doesn't support that the patient has been treated with the lowest effective dose for the shortest amount of time. There has not been documentation of significant functional improvement and this treatment is not medically necessary.

Spinal Surgery 2nd Opinion consult: 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) Pain.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the documentation doesn't include the first opinion of the spinal surgeon therefore it is unclear why a second opinion is being requested. The medical necessity is not established by the documentation.

Functional Capacity assessment: Upheld

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

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

Decision rationale: Functional Capacity Evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. An FCE is considered if case management is hampered by complex issues, timing is appropriate when the patient is close to MMI and all key medical reports are secured and additional/secondary conditions clarified. A FCE is not recommended if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. In this case the patient is still undergoing specialist consultation. The documentation does not support that a FCE is appropriate or medically necessary.

Pain Management follow up: Overturned

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) Pain.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a

critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the patient has received multiple modalities to treat his chronic pain. The patient continues to complain of pain. A follow-up office visit with a pain specialist is medically necessary.