

Case Number:	CM15-0072754		
Date Assigned:	04/23/2015	Date of Injury:	04/14/2014
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 26 year old male who sustained a work injury April 14, 2014. While installing gas meters, weighing approximately 55 pounds, he began to experience mid back pain, which progressed to spasms in the neck and low back, with pain mostly on the left side of the mid back. He was treated with physical therapy which increased his pain, 6 sessions of chiropractic therapy which helped somewhat, and 2 trigger point injections which provided relief for about 2 weeks and medication; Advil, Tylenol and Aleve with almost no relief. According to a doctor's first report of occupational injury or illness, dated February 20, 2015, the injured worker presented with left sided mid back pain described as achy, dull throbbing, rated 2.5-3/10 and increases to 6-7/10 with activity. The pain is isolated on the left side just under the scapula. Diagnoses are spondylolisthesis L5-S1 with bilateral L5 spondylolysis and chronic neck and back pain. Treatment plan included request for authorization for additional chiropractic therapy 2 times a week for 4 weeks, medication including LidoPro cream topical ointment and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of spondylolisthesis L5-S1 with bilateral L5 spondylolysis and chronic neck and back pain. Treatments have included physical therapy which increased his pain, 6 sessions of chiropractic therapy which helped somewhat, and 2 trigger point injections which provided relief for about 2 weeks and medication; Advil, Tylenol and Aleve with almost no relief. The medical records provided for review do not indicate a medical necessity for chiropractic, 8 visits. The MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Also, the MTUS states that "if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits". Although the medical records reviewed the injured worker responded well to previous chiropractic care, the documents did not indicate when the injured worker had treatment neither was there a documentation of the functional improvement measure used in determining the response to treatment. Therefore, the request is not medically necessary.

Omeprazole 20 mg Qty 60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of spondylolisthesis L5-S1 with bilateral L5 spondylolysis and chronic neck and back pain. Treatments have included physical therapy which increased his pain, 6 sessions of chiropractic therapy which helped somewhat, and 2 trigger point injections which provided relief for about 2 weeks and medication; Advil, Tylenol and Aleve with almost no relief. The medical records provided for review do not indicate a medical necessity for Omeprazole 20 mg Qty 60. The MTUS recommends the use of proton pump inhibitors by individuals at risk of gastrointestinal event who are being treated with NSAIDs. The records indicate the injured worker had gastrointestinal effects to Naproxen, an NSAID. Therefore, the injured worker belongs to the group that would need proton pump inhibitors. The worker was being treated with Nabumetone, another NSAID; therefore, it was appropriate to prescribe a proton pump inhibitor, like Omeprazole. Nevertheless, since the injured worker was given a 4 week return appointment it is only appropriate to prescribe medications that would last until the time of the return appointment given that the injured worker may be determined to have no more need for the NSAID during the return visit. The request is not medically necessary.

LidoPro Cream Topical Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of spondylolisthesis L5-S1 with bilateral L5 spondylolysis and chronic neck and back pain. Treatments have included physical therapy which increased his pain, 6 sessions of chiropractic therapy which helped somewhat, and 2 trigger point injections which provided relief for about 2 weeks and medication; Advil, Tylenol and Aleve with almost no relief. The medical records provided for review do not indicate a medical necessity for LidoPro Cream Topical Ointment. This is a topical analgesic containing Capsaicin 0.0325%, Lidocaine HCL 4% Menthol 10%, Methyl Salicylate 27.5%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol and 4% Lidocaine are not recommended as topical analgesics. The request is not medically necessary.