

Case Number:	CM15-0076515		
Date Assigned:	04/28/2015	Date of Injury:	09/09/2014
Decision Date:	07/07/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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 33 year old male injured worker suffered an industrial injury on 09/09/2014. The diagnoses included lumbar radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, acupuncture, shockwave therapy and chiropractic therapy. On 3/6/2015 the treating provider reported frequent, moderate low back pain with stiffness and heaviness. On exam there was tenderness of the sacroiliac joints and lumbar muscles with spasms. The treatment plan included Physical therapy, Ultram, Prilosec, Fexmid, and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for 10 SESSIONS OF PHYSICAL THERAPY. RFA is dated on 04/06/15. MRI of the lumbar spine from 11/10/14 shows broad-based central disc protrusion at L4-5 and L5-S1. Per 02/02/15 chiropractic treatment progress report, the patient has had physical therapy, acupuncture, shockwave therapy, chiropractic treatment and medications thus far. The patient has had at least 7 sessions of physical therapy between 09/25/14 and 10/21/14. Regarding work status, the treater states that the patient remains off work. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 10 sessions combined with at least 7 already received would exceed what is allowed per MTUS guidelines. The request IS NOT medically necessary.

Ultram ER 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for ULTRAM ER 150MG #60. RFA is dated on 04/06/15. Per 09/09/14 progress report, Anaprox DS, Prilosec, Ultram ER and Fexmid are prescribed. Regarding work status, the treater states that the patient remains off work. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient underwent urine drug screenings on 11/19/14, 12/23/14 and 02/03/15 with consistent results. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for PRILOSEC 20MG #60. RFA is dated on 04/06/15. Per 09/09/14 progress report, Anaprox DS, Prilosec, Ultram ER and Fexmid are prescribed. Regarding work status, the treater states that the patient remains off work. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient has been utilizing Prilosec and Anaprox DS since 09/09/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The review of reports does not show evidence of gastric problems, and there is no mention of GI issues to support use of Prilosec. Given the lack of documentation as required MTUS guidelines, the request IS NOT medically necessary.

Fexmid 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for FEXMID 7.5MG #90. RFA is dated on 04/06/15. Per 09/09/14 progress report, Anaprox DS, Prilosec, Ultram ER and Fexmid are prescribed. Regarding work status, the treater states that the patient remains off work. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, this patient started utilizing this medication since 09/09/14. There is no discussion regarding this medication's efficacy. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request IS NOT medically necessary.

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Medications for chronic pain Page(s): 67-68, 60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for ANAPROX DS 550MG #60. RFA is dated on 04/06/15. Per 09/09/14 progress report, Anaprox DS, Prilosec, Ultram ER and Fexmid are prescribed. Regarding work status, the treater states that the patient remains off work. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, this patient has been utilizing Anaprox since 09/09/14. This patient presents with chronic low back pain for which the medication may be indicated. However, none of the reports discuss this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.