

Case Number:	CM13-0014112		
Date Assigned:	09/27/2013	Date of Injury:	07/15/2009
Decision Date:	01/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old injured worker who reported an injury on 07/15/2009. The patient is currently diagnosed with chronic back pain and lumbar spasm. The patient was recently seen by [REDACTED] on 07/18/2013. The patient reported 5/10 lower back pain. Physical examination revealed tenderness to palpation in the mid lumbar spine and paraspinal muscles, 40 degree flexion, 5 degree extension, and mildly antalgic gait. Treatment recommendations included continuation of current medications and a request for authorization for urine POC drug screen and labs of CBC, panel 8, and liver function test every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical

notes submitted, there is no indication of cardiovascular disease or increased risk factor for gastrointestinal events. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor. The request for 1 prescription of Prilosec 20mg, is not medically necessary and appropriate.

Tramadol 50mg (Continued): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report 5/10 lower back pain. The patient's physical examination continues to reveal tenderness to palpation with diminished range of motion. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. The request for 1 prescription of Tramadol 50mg, is not medically necessary and appropriate.

Flexeril 10mg: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs and pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and should not be used longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no documentation of palpable muscle spasm or muscle tension on physical examination that would warrant the need for a muscle relaxant. The request for 1 prescription of Flexeril 10mg is not medically necessary and appropriate.

Ibuoprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. There are no indications that there is an acute nature to the current symptoms in which continued use of NSAIDs is necessary, and the current use of over 1 year exceeds the guideline recommendations for short-term symptomatic relief. The patient continues to report 5/10 lower back pain, and continues to demonstrate diminished range of motion with tenderness to palpation. The request for 1 prescription of Ibuprofen 800mg is not medically necessary and appropriate.

1 urine drug screen every 3 months for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment 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, including the use of a testing instrument. 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, the patient's injury was over 4 years ago to date, and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. The request for 1 urine drug screen every 3 months for one year, is not medically necessary and appropriate.

1 lab: CBC, panel 8, liver function every 3 months for one year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment

duration has not been established. The current dose of medications does fall within guideline recommendations, and continued use of ibuprofen is no longer warranted. There are no guideline recommendations for specific frequency in performing laboratory evaluation for chronic NSAID use, and repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations every 3 months for 1 year. The request for 1 lab: CBC, panel 8, liver function every 3 months for one year, is not medically necessary and appropriate.