

Case Number:	CM13-0018642		
Date Assigned:	12/18/2013	Date of Injury:	08/24/2004
Decision Date:	02/13/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 Neurology, has a subspecialty in Neuromuscular Disease, and is licensed to practice in California. 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 59 year old woman who sustained a work related injury on August 24 2004. She subsequently developed low back pain rated 6/10. According to the note of April 3 2013, physical examination showed lumbar tenderness. She was treated with naproxen. She was diagnosed with lumbar radiculopathy, facet inflammation and thoracic sprain. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 dispensed 7/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Ultram is a synthetic opioid indicated for pain management but is not recommended as a first line oral analgesic. Although Ultram may be needed to help with the patient's pain, it may not help with the weaning process from opioids. There is also no clear and recent documentation of recent pain intensity or

the recent use of first line pain medications. Therefore the request for Tramadol ER 150mg #30 dispensed 7/25/13 is not medically necessary and appropriate.

Medrox patches #20 dispensed 7/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." There is no documentation of failure of oral form of one or all compounded parts of the patch. Therefore, the request for Medrox patches is not medically necessary and appropriate.

Naproxen 550mg #60 dispensed 7/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 73.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Naproxen is indicated for pain management of chronic neck or back pain. The medical records provided for review indicate the patient was on Naproxen without any clear evaluation of its efficacy and any screening for potential adverse reactions such as renal, GI and liver dysfunction. Therefore, the prescription of naproxen is not medically necessary and appropriate.

Neurontin 600mg #90 dispensed 7/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no documentation in the medical records provided for review that the patient experienced neuropathic pain. Therefore, the

prescription of Neurontin 600mg dispensed 7/25/13 #90 is not medically necessary and appropriate.

Acetadryl 25/500mg #50 dispensed 7/25/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp, 11th edition, Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 547.

Decision rationale: According to the ACOEM Guidelines, "The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Phenylbutazone is not recommended due to the risk of bone marrow suppression. Initial treatment of symptoms should be limited to nonprescription analgesics. Acetaminophen may be used safely in combination with NSAIDs or other pharmacologic or physical methods." Acetadryl is a sedative drug, however no sleep problems were reported in the medical records provided for review. Therefore, the request for Acetadryl 25/500mg #50 dispensed 7/25/13 is not medically necessary and appropriate.

Prilosec 20mg #60 dispensed 7/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". There is no documentation in the medical records provided for review that indicate the patient is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg #60 is not medically necessary and appropriate.