MAXIMUS Federal Services

Case Number:	CM13-0018808		
Date Assigned:	01/03/2014	Date of Injury:	06/28/2011
Decision Date:	04/04/2014	UR Denial Date:	08/22/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 60 year-old female who was injured on 6/28/11. She has been diagnosed with status post right and left thumb trigger release, release of bilateral carpal tunnel syndrome, CMC joint arthrosis, bilateral lateral epicondylitis, low back pain, and left lower extremity radiculitis. According to the 7/30/13 report from [redacted], the patient presents with marked improvement since the cervical injection, and complaints of low back and left buttock pain. On exam, the physician notes the right thumb wound is clean/dry, and the sutures are intact. The treatment plan was to request a left L3-5 facet medial branch block, x-ray the pelvis, and to request authorization for use of Anaprox, Omeprazole, Ultram ER, and Sprix nasal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Anaprox 550mg, 1 twice a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient had recent hand surgery, but also presents with neck and low back pain. The neck pain was relieved with the cervical injection, but the low back pain remained. MTUS guidelines for anti-inflammatory medications states that a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain. The request for Anaprox appears to be in accordance with MTUS guidelines. The request is certified.

30 Omeprazole 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: According to the 7/30/13 report from [redacted], the patient presents with marked improvement since the cervical injection, and complains of low back and left buttock pain. The physician reports prescribing Omeprazole as a prophylactic measure for the Anaprox. MTUS guidelines provide recommendations for proton pump inhibitors for prophylactic measures if the patient is shown to be at risk for GI events. The MTUS criteria to determine if the patient is at risk for GI events have not been discussed in the records. There is no mention of current GERD or dyspepsia from NSAID use. The request for Omeprazole is not in accordance with MTUS guidelines. The request is noncertified.

Ultram ER 150mg: Overturned

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

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

Decision rationale: According to the 7/30/13 report from [redacted], the patient presents with marked improvement since the cervical injection, and complains of low back and left buttock pain. The records show the patient has been on naproxen for several months, and that 7/30/13 was the first request for Ultram ER. It has not been prescribed as a first-line analgesic. The request for Ultram ER appears to be in accordance with MTUS guidelines. The request is certified

Sprix nasal spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: According to the 7/30/13 report from [redacted], the patient presents with marked improvement since the cervical injection, and complains of low back and left buttock pain. The records show the patient has been on naproxen for several months, and that 7/30/13 was the first request for Sprix nasal spray. This is a nasal anti-inflammatory medication. There is no rationale provided for the nasal anti-inflammatory medication. The patient is able to take oral NSAIDs. Without a rationale for the prescribed medication, it is not known whether it is intended use is in accordance with the guidelines. The request is noncertified.