MAXIMUS Federal Services

Case Number:	CM13-0027673		
Date Assigned:	11/22/2013	Date of Injury:	02/25/2013
Decision Date:	02/03/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 male who reported an injury on 02/25/2013 after lifting a box of clothing weighing approximately 30 to 40 pounds reportedly causing injury to the low back. Treatments rendered to date included medications, chiropractic care, injections, a back brace, lumbar pillow, hot/cold packs, acupuncture, activity modifications, and epidural steroid injections. The patient also received biofeedback therapy. The patient's most recent clinical examination findings included tenderness to palpation of the paraspinal musculature with spasm and guarding, decreased sensation along the L4-5 dermatomes, and decreased lumbosacral range of motion. The patient's diagnosis included lumbosacral low back pain with bilateral lower extremity radiculopathy. The patient's treatment plan included continued medication usage and additional chiropractic services.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Vitalee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pubmed/17209208

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence:

http://www.webmd.com/drugs/mono-7288-PRENATAL+VITAMINS%2FIRON%2FFOLIC+ACID+CHEWABLE+TABLET+-+ORAL.aspx?drugid=159641&drugname=Vitalee+Oral

Decision rationale: The requested prescription for Vitalee is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any nutritional deficits that would require vitamin supplementation. On-line resource Web MD states, "This medication is a multivitamin and mineral product used to treat or prevent vitamin deficiency due to poor diet, certain illnesses, or during pregnancies." The clinical documentation submitted for review does provide any evidence that the patient has a poor diet or any illnesses that would require additional nutritional management. As such, the requested Vitalee is not medically necessary or appropriate.

prescription of Omeprazole DR 20 mg: Upheld

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

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

Decision rationale: The requested omeprazole DR 20 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient takes medications to manage their chronic pain. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants when the patient is at risk of developing gastrointestinal events as a result of medication usage. The clinical documentation submitted for review does not provide any evidence that the patient is at high risk of developing gastrointestinal events as a result of medication usage. As such, the requested omeprazole DR 20 mg is not medically necessary or appropriate.

prescription of Ibuprofen 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and NSAIDS Page(s): 60, 68.

Decision rationale: The requested ibuprofen 800 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient's pain is managed with medications. California Medical Treatment Utilization Schedule recommends medications that are used in the management of chronic pain be supported by functional benefit and quantitative measures to describe pain relief. The clinical documentation submitted for review does not provide any evidence of significant pain relief or functional benefit as it is related to this medication. As such, the requested ibuprofen 800 mg is not medically necessary or appropriate.

prescription of Cyclobenzaprine HCL 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Cyclobenzaprine Page(s): 44, 60.

Decision rationale: The requested cyclobenzaprine hydrochloride 7.5 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. California Medical Treatment Utilization Schedule does not recommend the extended use of this medication. Additionally, California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of the patient's chronic pain be supported by pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any significant symptom relief or functional benefit as it is related to this medication. Therefore, continued use would not be indicated. As such, the requested cyclobenzaprine hydrochloride 7.5 mg is not medically necessary or appropriate.