MAXIMUS Federal Services

Case Number:	CM13-0028044		
Date Assigned:	11/22/2013	Date of Injury:	01/21/2005
Decision Date:	02/05/2014	UR Denial Date:	08/21/2013
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 Occupational Medicine 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.

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 applicant filed a claim for chronic low back pain reportedly associated with industrial injury of January 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications transfer of care to and from various providers in various specialties; a lumbar support; consultation with a dentist; a polysomnogram of July 28, 2012, apparently notable for sleep apnea; and the apparent imposition of permanent work restrictions. The applicant has apparently failed to return to work with said permanent limitations in place. In a Utilization Review Report of August 21, 2013, the claims administrator retrospectively denied a request for Prilosec, Relafen, and tramadol, citing a lack of functional improvement. An earlier clinical progress note of October 18, 2013 is notable for comments that the applicant is not tolerating Tramadol 150 mg extended release. A short-acting Tramadol 50 mg x daily is therefore sought. Permanent work restrictions are again endorsed. On September 13, 2013, the attending provider states that usage of medications is causing no side effects and help to maintain functional capacity. The names of the medications are not prescribed. The applicant's work status, however, is reportedly "unchanged." On July 12, 2013, the attending provider again writes that usage of medications is causing no side effects and help to maintain the applicant's functional capacity. Again, however, multiple treatments are sought, including ENT consultation, TENS unit, and lumbar corset. Permanent work restrictions are again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg, #90: Upheld

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

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

Decision rationale: While Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence or description of issues with reflux, heartburn, and/or dyspepsia for which usage of Prilosec would be indicated. Therefore, the request is not certified

Retrospective Relafen 750mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. Page(s): 22.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for chronic low back pain, in this case, as with the applicant's other analgesic medications, there is no evidence of functional improvement as defined in MTUS 9792.20f which would justify renewal prescriptions for Relafen. The applicant has failed to return to work. There is no evidence of improved performance of activities of daily living or diminished reliance on medical treatment effected as a result of Relafen usage. Despite using Relafen, the applicant is also seeking a TENS unit, lumbar corset, etc. It does not appear that Relafen has been materially beneficial. The applicant's work status and work restrictions are likewise unchanged from visit to visit. For all of these reasons, then, the request is not certified.

Retrospective Ultram ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, evidence of successful return to work, improved functioning, and/or reduced pain would justify continuation of opioid therapy. In this case, however, the applicant has not returned to work. There is no clear evidence of improved performance of non-work activities of daily living or reduction in pain scores affected as a result of ongoing tramadol extended release usage. It is further noted that the attending provider wrote on October 18, 2013 that the applicant was not tolerating extended release tramadol. As noted on page 79 of the MTUS Chronic Pain

Medical Treatment Guidelines, the lack of improvement in function coupled with evidence of intolerable adverse effects should lead an attending provider to discontinue opioids. For all of these reasons, then, the request is not certified, on Independent Medical Review.