

Case Number:	CM13-0028067		
Date Assigned:	11/22/2013	Date of Injury:	07/21/2011
Decision Date:	02/07/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 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:

This patient is a 42 year old female with date of injury 07/2013. The mechanism of injury is not detailed in the available medical records. The patient has complained of chronic low back pain and has been treated with medications, physical therapy and an epidural corticosteroid injection. No surgery has been reported to this reviewer. Objective: tenderness of the paravertebral musculature of the lumbar spine bilaterally, positive straight leg raise test bilaterally. Diagnoses: lumbar spine strain. Treatment plan and request: Prilosec, Lodine, Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole 20mg) tabs #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This 42 year old female has had chronic back pain since date of injury in 07/2013. It is not clear from the available medical records if she has actually been taking Prilosec preceding the date of utilization review. The medical records do not discuss the specific signs and symptoms of any GI conditions or the specific risk factors indicating a need

for a proton pump inhibitor. Co-therapy of a proton pump inhibitor with an NSAID is not indicated in patients other than those at higher risk as described in the MTUS. No reports describe the specific risk factors present in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures. Additionally, the medical literature has described a significantly increased risk of hip, wrist and spine fractures, pneumonia and Clostridium difficile-associated diarrhea in patients on PPIs. Prilosec is therefore not indicated as medically necessary on the basis of the MTUS guidelines.

Tylenol No. 3 (Codeine 30/Acetaminophen 300) Tabs #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 42 year old female has had chronic back pain since date of injury in 07/2013 and has been taking opiates for this condition since at least 02/2013. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and a documentation of failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of specific functional benefit or effective pain relief compared to baseline documented in the office visits. There is no documentation of satisfactory response to treatment as evidenced by a decrease in pain, increase in function or improvement in quality of life. The request for Tylenol # 3 is therefore not indicated as medically necessary without this necessary documentation.

Lodine (Etodoiac 400 mg) tabs #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Low back pain complaints Page(s): 67-68, 296-299.

Decision rationale: This 42 year old female has had chronic back pain since date of injury in 07/2013 and has been treated with Etodolac since at least 02/2013. Per the MTUS guidelines cited above, NSAIDS for chronic back pain should be used for short term (2-4 weeks), symptomatic relief only and at the lowest dose possible. Additionally, there is no evidence for the long term effectiveness of NSAIDS in relieving chronic pain or improving patient function. On the basis of these MTUS guidelines, Etodolac is not indicated as medically necessary.