

Case Number:	CM13-0028217		
Date Assigned:	11/22/2013	Date of Injury:	03/17/2009
Decision Date:	02/14/2014	UR Denial Date:	09/12/2013
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 and Pain Medicine 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 54-year-old male who reported an injury on 03/17/2009. The patient is currently diagnosed as status post L4-5 Transforaminal Lumbar Interbody Fusion (TLIF) in 2011, right shoulder impingement syndrome, L4-5 lateral recess stenosis, L5-S1 annular tear, and left leg radiculopathy. The patient was seen by a physician on 07/10/2013. The patient reported ongoing right shoulder pain, as well as ongoing back pain with catching and a popping sensation. Physical examination was not provided. Treatment recommendations included continuation of current medications and a follow-up on an as needed basis only

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 4 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and On-going Management. Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the request is non-certified.

Prilosec 20mg #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors, such as Prilosec, are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID (non-steroidal anti-inflammatory drug). There is no documentation of a cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet the criteria for a proton pump inhibitor. As such, the request for Prilosec is non-certified

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical notes submitted, there is no evidence of muscle spasm or spasticity. There is also no evidence of anxiety or depressive symptoms. The medical necessity for the requested medication has not been established, and, as guidelines do not recommend long-term use of this medication, the current request is not appropriate. As such, the request is non-certified.

Topical Cream - 10% cream 30gm - Ketoprofen/Tramadol/Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. There is no evidence of neuropathic pain on physical examination. There is also no evidence of a failure to respond to first-line treatment with oral medication prior to the request for a topical analgesic. As guidelines do not recommend Gabapentin a topical form, the current request is not medically appropriate. Therefore, the request is non-certified.