

Case Number:	CM13-0029048		
Date Assigned:	11/01/2013	Date of Injury:	06/02/2004
Decision Date:	02/17/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Georgia. 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 claimant is a 58 year old injured worker presenting with low back pain and leg pain following a work related injury on 1/7/2007. The claimant complained of low back pain with radiation into the right buttock and down the back of the right and constant numbness of the right foot. MRI of the lumbar spine was significant for 7 mm right paracentral disc extrusion at L5-S1 level with compression of the right S1 nerve root, and L4-5 minimal broad based disc bulge and bilateral facet arthrosis. EMG/NCV was significant for right L5-S1 radiculopathy. The physical exam was significant for the inability to squat due to back pain, limited range of motion, L4-5 and L5-S1 spinous process tenderness on the right, right sided tenderness of the lumbar paravertebral musculature, positive straight leg raise, +1 deep tendon reflexes at the patella and Achilles, decreased sensation over the L5 and S1 distribution, right leg to light touch and pinprick. The claimant was diagnosed with lumbar spine degenerative disc disease, lumbar spine chronic myofascial strain and lumbar spine osteoarthritis of the facet joints, right leg radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 10/500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, pg.79, states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. The request for Lortab 10/500mg, is not medically necessary and appropriate.

1 prescription of Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, pg. 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen or if there was any previous use of NSAIDs. The request for 1 prescription of Naproxen 550mg, is not medically necessary and appropriate.

1 prescription of Zantac 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the sue of proton pump inhibitor for individuals older than 65 years of age with a history of peptic ulcer, GI bleeding, or perforation with concurrent ASA corticosteroids or an anti-inflammatory or high dose, multiple doses of NSAIDs. There is no documentation that the claimant has a history of peptic ulcer, GI bleeding, perforation or gastrointestinal upset with the use of Naproxen. The request for 1 prescription of Zantac, 550mg is not medically necessary and appropriate.