MAXIMUS Federal Services

Case Number:	CM13-0030660		
Date Assigned:	11/27/2013	Date of Injury:	09/22/2009
Decision Date:	02/13/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine and Pulmonary 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent

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 46-year-old male who reported an injury on 09/22/2009 after lifting a heavy object. The patient ultimately underwent lumbar fusion surgery with postsurgical treatment to include physical therapy and medications. The patient was regularly monitored with urine drug screens. The patient's most recent clinical evaluation documented that the patient had severe tenderness to palpation in the lumbar region, decreased sensation in the L5 nerve distribution bilaterally, and guarded range of motion. The patient's diagnoses included status post L4 through L5 lumbar fusion, facet disease at the L5-S1, and history of epididymitis. The patient's treatment plan was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec, qty. 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment in Workers Compensation, 10th Edition, Treatment Index, Drug Formulary, Proton Pump Inhibitors.

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

Decision rationale: The requested Prilosec is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate evaluation of the patient's gastrointestinal history to support the use of this medication. Additionally, the request does not include dosage and frequency. Therefore, the safety and efficacy of this medication cannot be established. As such, the requested Prilosec, quantity 1, is not medically necessary or appropriate.

Flexeril, qty. 1 is not: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

Decision rationale: The requested Flexeril, quantity 1, is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints that would benefit from medication management. However, documentation 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 long-term use of this type of medication. Additionally, the request does not include a dosage and frequency. Therefore, the safety and efficacy of this medication cannot be established. As such, the requested Flexeril, quantity 1, is not medically necessary or appropriate.

Vicodin, qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

Decision rationale: The requested Vicodin, quantity 1, is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is not receiving adequate pain relief as a result of this medication. California Medical Treatment Utilization Schedule recommends the continued use of opioids when managing a patient's pain to be supported by managed side effects, documentation of increased functional benefit, a quantitative assessment of pain relief, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, the clinical documentation submitted for review does not provide evidence of adequate pain relief as a result of this medication. Therefore, continued use would not be indicated. Additionally, the request does not include dosage and frequency.

Therefore, the efficacy and safety of this medication cannot be established. As such, the requested Vicodin, quantity 1, is not medically necessary or appropriate.