

Case Number:	CM13-0031223		
Date Assigned:	12/04/2013	Date of Injury:	02/22/2012
Decision Date:	01/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 is licensed to practice in New York. 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 37 year old male with a date of injury of 2/22/02. He had complaints of low back pain radiating to right leg with pain, numbness, tingling and weakness on a 7/13 MD visit. The patient has a diagnosis of right sided L5-S1 disc herniation with lumbar radiculopathy. He was prescribed Naprosyn, Ambien, omeprazole, tramadol/apap, an MRI of spine and an orthopedic reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Per MTUS guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same

review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The record does not state how long the patient has or will be on the NSAID or the reason for the prescription. Based on above, it is not certified.

Zolpidem 10mg #30: 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), Pain Chapter, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

Decision rationale: The PDR states that Ambien (zolpidem) is indicated for the short term treatment of insomnia. The record does not state how long the patient has been on this medicine. Unless further information, is provided, based on these guidelines, the denial is upheld.

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

Decision rationale: According to guidelines, omeprazole is indicated for short-term treatment of active duodenal ulcer (DU) and active benign gastric ulcer (GU) in adults. Treatment of heartburn and other symptoms associated with gastroesophageal reflux disease (GERD) in adults and pediatric patients. Short-term treatment and maintenance of healing of erosive esophagitis (EE) in adults and pediatric patients. Long-term treatment of pathological hypersecretory conditions (eg, Zollinger-Ellison syndrome, multiple endocrine adenomas, systemic mastocytosis) in adults. Combination therapy with clarithromycin +/- amoxicillin in Helicobacter pylori infection and DU disease for H. pylori eradication in adults. hea (CDAD), especially in hospitalized patients. May increase risk for osteoporosis-related fractures of the hip, wrist, or spine, especially with high-dose and long-term therapy. Use lowest dose and shortest duration appropriate to the condition being treated. The record is without documented GI consult, and reason for and length of use. Based on these guidelines, the medication remains noncertified.

Tramadol/APAP 37.5, 325mg 1#100: 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 Page(s): 79-81.

Decision rationale: Per MTUS guidelines, opioids appear to be efficacious but limited for short-term pain relief of back pain. There is no evidence that opioids showed long term benefit or improvement when used as a treatment for chronic back pain. There are three studies comparing tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals pain relief improved quality of life, and/or improved functional capacity. Continued use of opioids is only recommended if the patient has improved functioning and pain. Without documentation of functional improvement, the tramadol is not approved.

orthopedic reevaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: Per guidelines, a referral may be indicated if the diagnosis is uncertain or complex and to aid in diagnosis, prognosis, therapeutic management and treatment plan. In this case, there is not documentation as to why reevaluation is requested. Without documentation of reasoning for request, the reevaluation is not certified.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation New England Journal of Medicine, 2013;368:999-1007, MedPage Today.

Decision rationale: The sources indicate that follow up MRI images among patients treated for sciatica found no discernible benefit from the repeat image. MRI performed at 1 year followup in patients who had been treated for sciatica and lumbar disc herniation did not distinguish between those with a favorable outcome and those with an unfavorable outcome. On 7/13, the treater stated that the low back pain had improved. There is not any documentation of a significant change in patient's neurological status to necessitate a repeat MRI at this time.