

Case Number:	CM13-0036233		
Date Assigned:	12/13/2013	Date of Injury:	11/20/2012
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics 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 expert 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 injured worker is a 49 year old man with a date of injury of 11/20/12. He was seen by his primary treating physician on 7/24/13 with complaints of 4/10 low back pain which was improving and he was able to walk more than previously. His review of systems showed that he denied nausea, vomiting or constipation. His physical exam was significant for no abdominal tenderness, painful midline, paralumbar / paraspinal muscles with palpation and increased pain with range of motion. His diagnoses included lumbago/ low back pain and encounter long Rx use OT. He was given prescriptions for Prilosec, Relafen and Ultracet which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAFEN 750MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Specific Drug L.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 66-73.

Decision rationale: This 49 year old injured worker has chronic back with pain with palpation and range of motion noted on physical examination. His medical course has included treatment

modalities including use of several medications. Per the chronic pain guidelines for chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify ongoing use. The Relafen is not medically necessary.

ULTRACET 37.5MG-325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Specific Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 76-83.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. The Tramadol is denied as not medically necessary.

PRILOSEC DR 20MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 68-69.

Decision rationale: This worker has back pain with minimal limitations noted on physical examination. His medical course has included use of several medications including Relafen. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of Prilosec.