

Case Number:	CM13-0039471		
Date Assigned:	12/18/2013	Date of Injury:	01/27/2004
Decision Date:	02/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 36-year-old male who reported an injury on 01/27/2004. The patient is diagnosed as status post L5-S1 fusion and acute lumbar spine strain. The patient was seen by [REDACTED] on 09/25/2013. Physical examination revealed normal gait, decreased lumbar range of motion, and negative straight leg raising. Treatment recommendations included continuation of current medication to include naproxen, Fexmid, Ultram, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen: 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 Page(s): s 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of

addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 9 years ago to date, and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Medication Review- Anaprox: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. The patient has continuously utilized this medication. There are no indications that there is an acute nature to the current symptoms in which continued use of NSAIDs is necessary, and the current use of over 1 year exceeds the guideline recommendations for short term symptomatic relief. There is also no evidence of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. Based on the clinical information received, the request is non-certified.

Medication Review- Fexmid: 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 Page(s): s 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used longer than 2 weeks to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no documentation of palpable muscle spasm or muscle tension upon physical examination. As guidelines do not recommend the long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Medication Review- Ultram: 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 Page(s): 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. As per the clinical notes submitted, the patient has continuously utilized this medication. The patient's physical examination revealed normal reflex, sensory, and power testing to bilateral upper and lower extremities, normal gait, and only slightly diminished range of motion. There is no documentation of a significant musculoskeletal abnormality that would warrant the need for ongoing opioid management. The medical necessity has not been established. Therefore, the request is non-certified.

Medication Review- Protonix: 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 Page(s): s 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors 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 non-selective NSAID. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.