MAXIMUS Federal Services

Case Number:	CM13-0040975		
Date Assigned:	12/20/2013	Date of Injury:	04/30/2007
Decision Date:	06/03/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation 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 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 underlying date of injury in this case is in 04/03/2007. The treated diagnosis is lumbosacral neuritis. The initial mechanism of injury is a motor vehicle accident. The initial diagnoses include cprain with radiculopathy and lumbar sprain with radiculopathy. On 08/02/2013, the patient was seen for an orthopedic primary treating physician reevaluation. The patient reported increased low back pain with stiffness in the morning, and the patient also reported low back pain with locking on occasion. The patient reported that prescription medications temporary alleviate his symptoms. On exam, the patient had tenderness to palpation with spasms in the lumbar aparspinals and slightly restricted range of motion, due to complaints of discomfort and pain and lumbar extensor weakness. The treating physician requested the authorization of aquatic therapy and prescribed omeprazole, naproxen for pain and inflammation, and tramadol. In addition, the physician review concluded that the medical record did not contain within the rationale, showing the benefit or indication of multiple requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: The Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. The medical records do clearly document that the patient has a reported a benefit from anti-inflammatory medications. The treatment guidelines do not have a strict requirement for objective functional benefit from an anti-inflammatory medication, such as opioids. The medical records do meet the criteria for ketoprofen. This request is medically necessary.

TRAMADOL HCL 50MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend documentation of the four (4) A's of opioid management to support functional goals and benefit from opioid treatment. The guidelines indicate that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The medical records do not support such goals and indications for tramadol. The medical records do not document a diagnosis for which the treatment guidelines recommend chronic use of opioids. This request is not medically necessary.

1 LIDOCAINE IN PLO 5% CREAM 120MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, LIDOCAINE Page(s): 112.

Decision rationale: The Chronic Pain Guidelines indicate that topical lidocaine is indicated only for localized peripheral neuropathic pain after trial of first-line therapy. This medication is not indicated for non-neuropathic pain. The medical records in this case do not outline a diagnosis for which the patient would have localized neuropathic pain. The medical records do not support an indication of benefit for this medication. This request is not medically necessary.

OMEPRAZOLE DELAYED RELEASE 20MG #30 WITH 7 REFILLS: 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 IN WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER: PAIN, PROTON PUMP INHIBITORS (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that when considering gastrointestinal (GI) prophylaxis, the clinician should determine if the patient is at risk for gastrointestinal events. The guidelines also indicate that the risk include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID). The medical records at this time do not provide a rationale or indication to support an indication for gastrointestinal risk requiring prophylaxis. This request is not medically necessary.