

Case Number:	CM13-0046288		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2011
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient is a 66-year-old female with date of injury 06/23/2011. Per treating physician's report, 07/25/2013, the patient presents with low back, right lower extremity, neck pains. Listed diagnoses are lumbago/sacroiliitis, facet symptoms, cervicgia, myofascial pain, chronic pain syndrome, opiate therapy long-term use, insomnia, chronic fatigue syndrome, obesity, and lumbar degenerative disk disease. Under prescription, the patient is on Celebrex, oral diclofenac, Medrol oral pack, Topamax, Ultram, and Zantac. Under treatment plan, the treater states, "A return visit is indicated in 1 month." She was given this form and the treater lists patient instruction with pain management goal, rehabilitation, responsibility, et cetera. The treater indicates that he has assumed the responsibility for all prescribing narcotic medications and the patient has a narcotic agreement, educated on safety storage, the need for random urine toxicology, and CURES reports. Other treatments recommended were TENS unit, acupuncture, trigger points, pain psychology and therapies, ultrasound therapy, noninvasive pain procedures, start a short course of oral steroids, start on Ultram 50 mg, Topamax, Zantac for stomach protection, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg, #60: Overturned

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 NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 69.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic low back, lower extremity, and neck pain. The patient was evaluated by [REDACTED] on 07/25/2013 who has assumed a treatment role and has prescribed Zantac stating that this is to be used for "stomach protection". MTUS Guidelines page 69 states that when patients are on NSAIDs, clinicians should weigh the indications for this medication, both GI and cardiovascular risk factors. GI risk factors include age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, high dose or multiple NSAIDs. In this patient, the patient is not prescribed any NSAIDs. There is also no discussion regarding the patient's risk factors. However, I do note that the patient is greater than 65 years of age and was started on oral Medrol Dosepak. Although the treater does not specifically address these issues, recommendation is for authorization given the patient's risk factors for GI events.

Tramadol 50mg, #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Section Page(s): 82.

Decision rationale: This patient presents with chronic persistent neck, low back, and lower extremity pain. The treater has prescribed tramadol on 07/25/2013 indicating that he will be assuming pain treatments and all medications. Patient was to start Ultram 50 mg. MTUS Guidelines does allow for trial of opioids when treatment plan is established, and likelihood of abuse or adverse outcomes, and other issues are discussed. In this patient, the treating physician adequately provides discussion regarding pain management goals and what is to be expected per report 07/25/2013. MTUS Guidelines also recommend starting with small dose and increase in dose as necessary based on patient's response. This treater appears to have started the patient on a small dose of tramadol which is medically reasonable. Recommendation is for authorization.

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic neck, low back, and lower extremity pain. The treating physician has prescribed Voltaren gel, which is a topical NSAID. MTUS Guidelines page 111 discusses topical NSAIDs. However, for indications it states "osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments." It further states that there is a little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In this patient, the presenting symptoms involve the neck and lumbar spine or the spine areas and topical NSAIDs are not indicated. Recommendation is for denial.