

Case Number:	CM13-0048408		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2010
Decision Date:	04/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 70-year-old male who reported an injury on 10/20/2010. The mechanism of injury was not provided. The patient's medication history included PPIs, muscle relaxants, and NSAIDs as of 2010. The patient's tramadol was started per documentation in 2012. The patient's diagnosis is lumbosacral neuritis unspecified. The documentation of 10/09/2013 revealed the patient's medications would be refilled as they reduced the patient's pain and maintained his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG (DOS: 10/09/13).: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend that NSAIDs are appropriate treatment for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. Clinical documentation submitted for review indicated the patient had been taking the medication since

2010. There was a lack of documentation indicating objective functional improvement and an objective decrease in the VAS score. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for naproxen sodium, date of service 10/09/2013, is not medically necessary.

NORFLEX 100MG (DOS: 10/09/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication for greater than 1 year. There is lack of documentation of objective functional improvement. Therefore, the continued use of this medication would not be supported. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Norflex 100 mg, date of service 10/09/2013, is not medically necessary.

OMEPROZOLE 20MG (DOS: 10/09/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient had been on the medication for greater than 1 year. There was lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for omeprazole 20 mg, date of service 10/09/2013, is not medically necessary.

TRAMADOL 150MG (DOS: 10/09/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Ongoing Management Page(s): 60; 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, and objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was lack of documentation of the above recommendations. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for tramadol 150 mg, date of service 10/09/2013, is not medically necessary.