

Case Number:	CM13-0049505		
Date Assigned:	03/31/2014	Date of Injury:	07/23/2010
Decision Date:	05/07/2014	UR Denial Date:	09/25/2013
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 7/23/10 date of injury. At the time (9/5/13) of request for authorization for Ultram 50mg #60 with one (1) refill, Prilosec 20mg #30 with one (1) refill, and Motrin Cream 60gm with one (1) refill, there is documentation of subjective (low back pain) and objective (stiffness with movement, tenderness and spasm noted in the lumbar spine, weakness in left dorsiflexion, great toe extension, and plantar flexion, decreased sensation over the lower extremity, and positive straight leg raise) findings, current diagnoses (lumbago, radiculitis, and lumbar intervertebral disc disease without myelopathy), and treatment to date (acupuncture treatments, chiropractic treatments, physical therapy, and medications (including Ultram, Prilosec, and Motrin Cream)).

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #60 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Ultram, MTUS Chronic Pain Medical Treatment Guideline require documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. MTUS-Definitions require that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, radiculitis, and lumbar intervertebral disc disease without myelopathy. There is documentation of records reflecting prescriptions for Ultram for unknown duration. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Ultram is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ultram. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #60 with one (1) refill is not medically necessary.

PRILOSEC 20MG #30 WITH ONE (1) REFILL: 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 NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of lumbago, radiculitis, and lumbar intervertebral disc disease without myelopathy. In addition, there is documentation of records reflecting prescriptions for Prilosec of unknown duration. However, there is no documentation of risk for gastrointestinal event (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID). Therefore, based on guidelines and a review

of the evidence, the request for PRILOSEC 20mg #30 with one (1) refill is not medically necessary.

MOTRIN CREAM 60GM WITH ONE (1) REFILL: 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 Non-steroidal anti-inflammatory agents (NSAIDs), Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbago, radiculitis, and lumbar intervertebral disc disease without myelopathy. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of records reflecting prescriptions for Motrin Cream of unknown duration, there is no documentation of short-term use (4-12 weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Motrin Cream. Moreover, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Motrin Cream 60gm with one (1) refill is not medically necessary.