MAXIMUS Federal Services

Case Number:	CM13-0055126		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2009
Decision Date:	03/31/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/20/2013

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 Medicien 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 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 59-year-old male who reported an injury on September 14, 2009. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar discogenic disease, lumbar spondylosis, left L5 radiculopathy, status post lumbar fusion, erectile dysfunction, and major depressive disorder. The patient was seen by [redacted] on September 17, 2013. The patient reported lower back pain. Physical examination revealed spasm, limited and painful range of motion, positive LasÃ¨gue's testing bilaterally, positive straight leg raising bilaterally, and decreased sensation in the L4 distribution bilaterally. Treatment recommendations included a refill of Temazepam, Anaprox, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

#60 Anaprox 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Section Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDS are recommended for osteoarthritis at the lowest dose, for the shortest period, in patients with moderate to severe pain.

As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

#60 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Section Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that 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 inhibitors, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

#30 Temazepam 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. The medical necessity for the requested medication has not been established. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.