

Case Number:	CM13-0056043		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2006
Decision Date:	03/31/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 Pain Management, and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 10/31/2006. The mechanism of injury was noted to be the patient was walking down a stairway while carrying several bags of mail and he slipped on 1 of the metal steps and fell on the stairway in a sitting position. The documentation of 01/29/2013 revealed the patient's medications were tramadol, Prilosec, Quaalun, and Butrans, as well as gabapentin. The recent documentation of 12/03/2013 revealed that the patient indicated the medications were helpful to control the back pain, and without the medications the patient's pain was severe and stopped from many activities. Objectively, the patient had diffuse tenderness and referred back pain with a straight leg raise. The patient's lumbar spine range of motion was limited with discomfort. The patient had left shoulder tenderness with positive shoulder impingement. The diagnoses were noted to include status post lumbar laminectomy x2, status post lumbar fusion in 2009, adult onset diabetes mellitus, gastritis, left shoulder internal derangement, and sleep disorder. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg: 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: The California MTUS Chronic Pain Medical Treatment Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been on the medication since 01/2013. There was a lack of documentation of the objective benefit of the medication. Additionally, the request as submitted failed to indicate the quantity of medication being requested. The request for 1 prescription of Prilosec 20 mg is not medically necessary and appropriate.

1 prescription of Qualaquin 324mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=Qualaquin>

Decision rationale: Per Drugs.com, quinine is used to treat uncomplicated malaria, a disease caused by parasites. The US Food and Drug Administration have banned the sale of all non-approved brands of quinine. The clinical documentation submitted for review indicated the patient had been on the medication since 01/2013. The patient was noted to be on the medication for severe leg cramps. There was a lack of documentation indicating the efficacy of the requested medication. Additionally, as the medication per Drugs.com was for malaria and was not indicated for leg cramps, there is a lack of documentation indicating exceptional factors to warrant continued usage of the medication. Additionally, there was a lack of documentation indicating the quantity of medication being requested. The request for 1 prescription of Qualaquin 324 mg is not medically necessary and appropriate.