

Case Number:	CM13-0056340		
Date Assigned:	04/16/2014	Date of Injury:	08/06/2007
Decision Date:	05/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 has filed a claim for lumbar spinal stenosis associated with an industrial injury date of August 6, 2007. Utilization review from October 28, 2013 denied the request for Naprosyn due to long-term use, Prilosec due to no documentation of current gastrointestinal issues or risk factors, Flexeril due to insufficient documentation, and tramadol due to no documentation of analgesic or functional effects. The treatment to date has included physical therapy, opioid and non-opioid pain medications, and knee replacement surgery. The medical records from 2012 through 2013 reviewed showing the patient complaining of chronic bilateral leg and foot numbness with prolonged standing and walking. On examination, the lumbar spine had limited range of motion. There was noted diminished sensation over the L5 dermatome. There was also slight weakness on extension of the right toe. MRI (magnetic resonance imaging) of the lumbar spine from October 2013 demonstrated multilevel degenerative changes with moderate to severe central canal stenosis and moderate left and mild to moderate right neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, & 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Naprosyn is a brand name for naproxen, a non-steroidal anti-inflammatory drug (NSAID). As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain, while it is recommended as a second-line treatment for acute exacerbations of chronic back pain after acetaminophen. Studies in patients with axial low back pain show that NSAIDs were not more effective than acetaminophen, and that acetaminophen had fewer side effects. In this case, the patient has been taking Naprosyn since 2012. However, the exact functional gains such as increased ability to perform activities of daily living were not documented. The medical records did not show trial and failure of acetaminophen to relieve pain. There is also no discussion concerning the need for variance from the guidelines. Therefore, the request for Naprosyn 500mg, #60 is not medically necessary.

Prilosec 20mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Prilosec is a brand name for the proton pump inhibitor, omeprazole. As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been taking Prilosec since May 2013. However, the patient does not complain of any current gastrointestinal symptoms nor is there discussion concerning increased risk for gastrointestinal disease. Therefore, the request for Prilosec 20mg, #30 is not medically necessary.

Flexeril 10mg, #30: 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 Page(s): 63.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been using Flexeril since May 2013 which is beyond the short-term treatment duration as recommended. Functional gains such as increased ability to perform activities of daily living were also not documented. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flexeril 10mg, #30 is not medically necessary.

Tramadol 50mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic . In addition, the MTUS guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using tramadol since May 2013. However, quantified pain measures and functional status were not documented. Compliance measuring methods were also not evident based on the records submitted for review. Therefore, the request for tramadol 50mg, #60 is not medically necessary.