

Case Number:	CM13-0057020		
Date Assigned:	12/30/2013	Date of Injury:	09/11/1990
Decision Date:	03/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 57 year old male who reported an injury on 09/11/1990. The mechanism of injury was not provided. The patient's diagnosis was noted to be lumbar disc displacement. The patient was noted to have chronic neck, low back, and lower extremity pain. The patient was noted to have an intrathecal pump and was pending a refill of the pump. The patient was requesting a refill of the oral medications. The patient indicated functional gains from the medication included assisting with the patient's ADLs, mobility, and restored his sleep, contributing to his quality of life. The patient's diagnoses were noted to include lumbar and thoracic disc disease, thoracic or lumbosacral neuritis or radiculitis unspecified, postlaminectomy syndrome of the thoracic region, facet syndrome, cervical disc disease, lumbago, fibromyalgia, postlaminectomy syndrome of the lumbar region, neuralgia, brachial neuritis or radiculitis NOS, and anxiety state unspecified. The patient was noted to be following up with his endocrinologist to ensure optimal management of hypogonadism, which the physician opined may be in part to the related pain therapy. The medications were tamsulosin ER 0.4 mg capsules extended release 24 hours 1 capsule by mouth daily, Percocet 10/325, tizanidine 4 mg tablets take 1 tablet 1 time to 2 times a day quantity 30 tablets, Cymbalta 30 mg, nabumetone 750 mg, and Valium 10 mg tablets. The patient was noted to undergo a urine drug screen and had a current pain contract. Additionally, the physician indicated they checked ████████ to support the patient had no aberrant drug behavior. The request was made for Prilosec 20 mg, Valium 10 mg and tamsulosin ER 0.4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tamsulosin ER 0.4mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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=tamsulosin>

Decision rationale: Per www.drugs.com, tamsulosin is an alpha-adrenergic blocker, relaxing the muscles of the prostate and bladder neck, making it easier to urinate and it is used to improve urination in men with benign prostatic hyperplasia. Clinical documentation submitted for review failed to indicate the patient had benign prostatic hyperplasia. There was lack of documentation of the efficacy of the requested medication and the earliest documentation indicated the patient had been on the medication for greater than 1 year. Given the above, the request for tamsulosin ER 0.4 mg #60 is not medically necessary.

Prilosec 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk.

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

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient was taking multiple medications. The duration of the use of the medication was not provided. There was lack of documentation indicating the efficacy of the requested medication. Additionally, there was lack of documentation indicating a necessity for 2 refills of the medication. Given the above, the request for Prilosec 20 mg #30 with 2 refills is not medically necessary.

Valium 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009) page 33.

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

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use and most guidelines limit use to 4 weeks. There should be documentation of objective

functional benefit to support continued use. The duration of use of the medication was not provided. There was lack of documentation indicating the efficacy of the requested medication and the functional benefit the patient received from the medication. Given the above and the lack of documentation, the request for Valium 10mg, #30 is not medically necessary.