

Case Number:	CM13-0063199		
Date Assigned:	06/09/2014	Date of Injury:	07/20/2013
Decision Date:	07/15/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 33 year old male who reported an injury to his low back. A clinical note dated 09/27/13 indicated the injured worker reporting low back right sided low back pain that initiated on 07/20/13 when he was removing a bag of garbage. The injured worker was initially recommended for physical therapy followed by home exercise program. The injured worker continued with low back pain radiating into the lower extremities all the way to the knees. The injured worker demonstrated 30 degrees of bilateral lateral bending and 20 degrees of extension along with 90 degrees of flexion at the low back. X-rays revealed normal disc spaces with a normal lumbar lordosis and alignment. No evidence of instability was identified. The injured worker was prescribed the use of Norco, Ultram, Flexeril, Naprosyn, and Prilosec to address low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE BITARTRATE (NORCO) 325/2.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 77.

Decision rationale: According to the MTUS Chronic Pain Guidelines, patients must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Given these findings, this request is not medically necessary.

OMEPRAZOLE (PRILOSEC) 20MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the ODG, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request is not medically necessary and appropriate.

CYCLOBENZAPRINE (FLEXERIL) 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cyclobenzaprine Page(s): 41-42.

Decision rationale: Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. No information was submitted regarding the length of time the injured worker has utilized this medication. No information was submitted regarding the efficacy. As such, the request is not medically necessary and appropriate.

TRAMADOL HCL (ULTRAM) 150MG #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

Decision rationale: Clinical documentation indicates the injured worker complaining of low back pain. Tramadol is indicated for patients who are previously undergone trial of first line oral analgesics. No information was submitted regarding previous trials of additional medications. As such, the request is not medically necessary and appropriate.