

Case Number:	CM14-0000679		
Date Assigned:	01/17/2014	Date of Injury:	05/10/2006
Decision Date:	04/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine, and is licensed to practice in New York. 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 49 year old male with a date of injury on 05/10/2006. He was lifting a heavy roll of vinyl and had back pain. On 02/15/2013 drug testing was negative. On 04/04/2009 he had an anterior L4-L5 fusion and on 04/25/2009 he had a posterior fusion. On 05/10/2103 drug testing was positive for hydrocodone. On 08/23/2013 urine drug testing was positive for hydrocodone and hydromorphone. On 11/22/2013 he had low back pain radiating to both lower extremities. Lumbar range of motion was decreased. No office notes were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 30 tablets of Tramadol ER 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

Decision rationale: Tramadol is a central acting opioid. It was initially approved for post operative short course pain and there is little documentation that it is safe and effective treatment for more than 3 months. It is unclear how long this patient has been treated with Tramadol.

MTUS, Chronic Pain Treatment notes that for on-going management of pain with opioids there must be "on-going review and documentation of pain relief, functional status and side effects. Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. None of this is documented in the clinical documentation provided for review.

The request for 360 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 88: Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

Decision rationale: Norco is an opioid. MTUS, Chronic Pain Treatment notes that for on-going management of pain with opioids there must be "on-going review and documentation of pain relief, functional status and side effects. Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. None of this is documented in the clinical documentation provided for review.

The request for 240 tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 66.

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

Decision rationale: Naproxen is a NSAID. MTUS Chronic Pain Medical Treatment Guidelines pages 67, 68 note that NSAIDS are to be used for acute pain and for chronic back pain only for acute exacerbations. It is not more effective than acetaminophen. Also there are cardiovascular and GI potential side effects for NSAIDS that are not reported for acetaminophen.

The request for 120 Capsules of Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Proton Pump Inhibitors

Decision rationale: Prilosec is a proton pump inhibitor (PPI). ODG note that these drugs "should be limited to the recognized indications and used at the lowest dose for the shortest period of time.... Nearly half of PPIs are used for unapproved indications or for no indications at all." There was no documentation of any GI disease in the documentation provided for review. There is a suggestion in the previous review that it may have been prescribed because NSAIDS were prescribed, and to reduce the potential GI side effects of NSAIDS; but in this review as in the previous one NSAIDS were not certified. The documentation provided for this review does not provide a FDA approved indication for the use of Prilosec.