

Case Number:	CM14-0101850		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2005
Decision Date:	09/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 is a 54 year old male who was injured on 03/25/2005. The mechanism of injury is unknown. Prior medication history included hydrocodone 10 mg, tramadol 150 mg, omeprazole 1 tab a day, Naproxen 550 mg and gabapentin 600 mg; Anaprox or naproxen sodium 550 mg. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/14/2014 demonstrated a 7.5 mm bulge at L4-L5, a significant increase from previous MRI (date unknown). It also demonstrates an annular tear. Follow up report dated 05/27/2014 states the patient complained of bilateral upper back pain. He rated the pain as 4/10 with associated aching, sharp, stabbing, and throbbing. He also reported mid back pain which is rated as 6/10. He rated his left lower back pain as an 8/10 in severity with medications; without medications, his pain is 10/10. This pain radiates from left lower back to bilateral lower extremities. The pain is relieved at rest. On exam, range of motion of the cervical spine revealed flexion to 50; extension to 40; right lateral flexion to 40; right lateral flexion to 40; right rotation to 50 and left rotation to 60. The lumbar spine revealed flexion to 30; extension to 0; right lateral 10; and left lateral to 10. Knee range of motion revealed right flexion to 150; left flexion to 140 and right extension to 0 degrees. There is tenderness to palpation over the lumbar spinal region bilaterally as well as hypertonicity. Straight leg raise is positive on the left. He is diagnosed with thoracic sprain/strain; cervical myofasciitis; muscle spasms; postop laminectomy and lumbar spine intervertebral discopathy without myelopathy x3. Prior utilization review dated 06/25/2014 states the requests for Anaprox, Neurontin, Prilosec and tramadol are denied. No rationale is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 66, 69, 115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest duration possible for osteoarthritis and for short-term treatment of acute exacerbations of chronic low back pain. However, this patient is prescribed Anaprox on a chronic basis without evidence of clinically significant functional improvement, reduction in dependency on medical care, or pain reduction. Medical necessity is not established for long-term, scheduled use.

Neurotin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 49, 115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-20.

Decision rationale: According to MTUS guidelines, Neurontin is recommended first-line for treatment of neuropathic pain. In this case the patient is a 54-year-old male injured on 3/25/05 with chronic low back pain with symptoms and findings of radiculopathy corroborated by diagnostic studies. However, the patient has been taking Neurontin on a long-term basis without evidence of clinically significant functional improvement, reduction in dependency on medical care, or pain reduction. Medical necessity is not established for continued use.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: According to MTUS and ODG guidelines, Prilosec may be recommended for patients on NSAIDs at moderate to high risk of gastrointestinal events. However, provided medical records do not establish moderate to high risk, and long-term, scheduled NSAID use does not appear to be appropriate for this patient. Medical necessity is not established.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 82, 84, 89, 93, 95, 115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic low back pain or neuropathic pain is not clearly established. Efficacy of long-term Tramadol use is not established. In this case the patient is prescribed Tramadol on a long-term basis. However, history and examination findings do not demonstrate clinically significant functional improvement, reduction in dependency on medical care, or pain reduction from Tramadol use. The patient recently complains of progressively worsening pain and dysfunction. He is not working. Medical necessity is not established for ongoing use of Tramadol.