

Case Number:	CM14-0107799		
Date Assigned:	08/15/2014	Date of Injury:	09/28/2004
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 09/28/2012 due to unspecified mechanisms of injury. The injured worker complained of lower back pain. The injured worker had diagnoses of lumbar disc displacement, postlaminectomy syndrome of the lumbar region, and lumbar radiculopathy. No prior diagnostics available. The medication included Cymbalta, trazodone, Lyrica, omeprazole, Soma, and Celebrex. The objective findings dated 08/07/2014 revealed gait within normal limits, walks on heels with difficulty secondary to pain. Paralumbar spasm is 2+ tenderness to palpation bilaterally atrophy was present in the quadriceps. Forward flexion was able to reach knees, lateral bending to the right was 0 to 10 degrees, to the left was 20 to 30 degrees with pain, extension measured 0 to 10 degrees, resisted rotation was diminished. Left resistant rotation was diminished, straight leg raising was positive at 40 degrees bilaterally, range of motion of the spine was limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knee. Sensation to light touch was decreased on the left, in the lateral thigh, allodynic, hypersensitive. Motor strength was of the lower extremity measured 5/5 to all groups bilaterally. The injured worker rated his pain 5/10. Treatments included ice/heat application and medication. Treatment plan included recommendation for a spinal cord stimulator and medications. The Request for Authorization dated 08/15/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100 NG # 30: 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), Pain Chapter; Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone, Prozac, Fluoxetine Page(s): 107.

Decision rationale: The request for Trazadone 100 NG # 30: is not medically necessary. The California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The injured worker did not have a diagnoses of depression. Trazodone is not recommended for chronic pain. The request did not have the frequency. As such, the request is not medically necessary.

Omeprazole 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Omeprazole 20 MG # 60 is not medically necessary. The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation was not evident that the injured worker had peptic ulcer or gastrointestinal issues. The guidelines indicate that blood work should be done including liver transaminitis within 4 to 8 weeks starting therapy. The clinical notes were not evident that the blood work was performed. The request did not indicate frequency. As such, the request is not medically necessary.

Soma 350 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 30.

Decision rationale: The request for Soma 350 MG # 30 is not medically necessary. The California MTUS Guidelines do not recommend. This medication is not indicated for long-term use. Soma is not indicated for long term use. The clinical notes were not evident as the length of

time the injured worker has been taking the Soma. The request did not indicate the frequency. As such, the request is not medically necessary.

Celebrex 200 MG # 60: 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 Anti-inflammatory medications, Page(s): 22.

Decision rationale: The request for Celebrex 200 MG # 60 is not medically necessary. The California MTUS recommends anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The guidelines indicate that long term use is not warranted. The clinical notes do not indicate the length of time the injured worker had been taking the Celebrex. The request did not indicate the frequency. As such, the request is not medically necessary.