MAXIMUS Federal Services

Case Number:	CM14-0014720		
Date Assigned:	03/03/2014	Date of Injury:	07/13/2005
Decision Date:	09/23/2014	UR Denial Date:	01/26/2014
Priority:	Standard	Application Received:	02/05/2014

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 Nevada. 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 50-year-old male who was reportedly injured on January 13, 2005. The mechanism of injurywas not listed in these records reviewed. The most recent progress note, dated December 3, 2013, indicated that there were ongoing complaints of low back pain. Current medications were stated to help reduce pain and allow the injured employee to be active and participate in activities of daily living. There were complaints of increasing numbness and tingling in the left leg and foot. The physical examination demonstrated an antalgic gate favoring the left leg. There were bilateral tenderness and spasms along the lower lumbar spine paravertebral muscles and decreased lumbar spine range of motion. Decreased sensation was noted along the lateral aspect of the left leg and thigh. The injured employee's patient controlled analgesia pump was refilled on this date, and medication refills were provided for Butrans, Prilosec, gabapentin, Anaprox, Ducopreen and Flexeril. A request had been made for Anaprox, Prilosec, Flexeril and gabapentin and was not certified in the pre-authorization process on January 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 66 & 73 of 127.

Decision rationale: According to the medical record, the injured employee has been taking Anaprox for an extended period of time. Although this medication is stated to help reduce the injured employee's pain and improve his ability to perform activities of daily living, the California Chronic Pain Medical Treatment Guidelines cautions against chronic long-term usage and potential side effects. The injured employee stated to have side effects from this medication requiring the use of Prilosec. For these reasons, continued use of Anaprox is not medically necessary.

PRILOSEC DR 20MG #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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: As the accompanying request for Anaprox has been determined not to be medically necessary for reasons of chronic usage and side effects requiring use of Prilosec, continued use of Prilosec to control the side effects of Anaprox is also not medically necessary.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: Flexeril is a muscle relaxant indicated as a second line agent for short-term usage of acute exacerbations of chronic low back pain. It was not stated in the medical record that the injured employee was experiencing music acute exacerbations. Additionally, the injured employee has been taking Flexeril for an extended period of time, and it is not intended for chronic usage. For these reasons, this request for Flexeril is not medically necessary.

GABAPENTIN 800MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49 of 127..

Decision rationale: The injured employee has had chronic issues of neuropathic pain, which were confirmed by physical examination, and continued use of gabapentin was indicated. This request for gabapentin 800mg for 180 tablets is medically necessary.

GABAPENTIN 600MG, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The injured employee has had chronic issues of neuropathic pain, which were confirmed by physical examination in the records reviewed, and continued use of gabapentin was indicated. This request for gabapentin 600mg for 90 tablets is medically necessary.