

Case Number:	CM14-0111663		
Date Assigned:	08/01/2014	Date of Injury:	09/15/2008
Decision Date:	09/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old male who reported an injury on 09/15/2008. The mechanism of injury was not stated. Current diagnoses include lumbar disc protrusion, chronic left sided radiculopathy, lumbar facet syndrome, past history of cocaine and speed use, and chronic myofascial pain syndrome. The injured worker was evaluated on 07/24/2014 with complaints of constant lower back pain with left lower extremity tingling, numbness and paresthesia. Previous treatment includes medication management. Physical examination revealed increased lumbar lordosis, paravertebral muscle spasm and tenderness, restricted lumbar range of motion, diminished sensation to light touch along the left lower extremity, and diminished strength in the left lower extremity. Treatment recommendations included continuation of the current medication regimen. It is noted that his prescriptions for Dilaudid and Norflex have been previously denied. Therefore, he was issued a prescription for Ultram 50 mg. There was no Division of Workers' Compensation (DWC) form Request for Authorization (RFA) submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg twice a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 02/2014. There was no documentation of objective functional improvement. There is also no quantity listed in the request. As such, the request for Dilaudid 4mg is not medically necessary.

Naproxen 550mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. The injured worker has utilized this medication since 02/2014. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no quantity listed in the request. As such, the request for Naproxen 550mg is not medically necessary.

Norflex 100mg twice a day: 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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line option for short-term treatment of acute exacerbations. The injured worker has utilized this medication since 02/2014. California MTUS Guidelines do not recommend long term use of muscle relaxants. There was also no quantity listed in the request. As such, the request for Norflex is not medically necessary.

Neurontin 600mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines recommend Neurontin for neuropathic pain. The injured worker has utilized this medication since 02/2014. There is no documentation of objective functional improvement. There is also no quantity listed in the request. As such, the request for Neurontin 600mg is not medically necessary.

Prilosec 20mg by mouth every day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no quantity listed in the request. As such, the request for Prilosec 20mg is not medically necessary.