MAXIMUS Federal Services

Case Number:	CM14-0117589		
Date Assigned:	08/06/2014	Date of Injury:	12/29/2013
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/25/2014

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 Emergency Medicine and Emergency Medical Services and is licensed to practice in Texas. 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 reported an injury on 12/29/2013. The mechanism of injury was not provided. On 05/20/2014, the injured worker presented with low back pain, right leg pain, and right leg weakness. Upon examination, there was an antalgic gait to the right side, weakness of the entire right lower extremity in all muscle groups, and a positive straight leg raise. The diagnoses were L5-S1 discogenic back pain with right lower extremity radiculopathy, history of lumbar laminectomy, MRI findings consistent with arachnoiditis, and second degree burn to the left hand, resolved. Current medications included Relafen and Prilosec. The provider recommended Relafen and Prilosec. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen (dosage, frequency and amount not given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory (NSAID's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for RX 6/7/14 Relafen (dosage, frequency and amount not given) is not medically necessary. The California MTUS states that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the dose, frequency, or quantity of the medication in the request as submitted. As such, the medical necessity has not been established.

Prilosec (dosage, frequency, and amount not given): 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 NSAIDs Page(s): 68.

Decision rationale: The request for Prilosec (dosage, frequency, and amount not given) is not medically necessary. According to the California MTUS Guidelines, Prilosec may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for Prilosec. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. As such, the medical necessity has not been established.