MAXIMUS Federal Services

Case Number:	CM14-0131174		
Date Assigned:	08/20/2014	Date of Injury:	09/03/2011
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/17/2014

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 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 injured worker is a 62-year-old male who reported an injury 09/03/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 08/04/2014, indicated diagnoses of thoracic or lumbosacral neuritis or radiculitis, sprains and strains of lumbar region and lumbago. The injured worker reported low back pain, left lower extremity pain and right lower extremity pain and right shoulder pain. The injured worker rated his pain 5/10. The injured worker reported the pain was characterized as aching and shooting that radiated to the left thigh, right thigh, left leg and right leg. The injured worker reported medications were helping. The injured worker reported medication side effects included dizziness; however, he tolerated his medications well. The injured worker reported no evidence of developing medication dependency. The injured worker reported with his medications his symptoms were adequately managed; however, his quality of sleep was poor. The injured worker reported he experienced depression. The injured worker reported he tended to worry a lot and was irritated and felt fatigued and had reduced energy. On physical examination the injured worker's lumbar exam revealed reduced range of motion with tenderness over the right paravertebral musculature, sensation to light touch was decreased over the L5 dermatome on the right. The injured worker had a straight leg raise test that was positive on the right side. The injured worker's treatment plan included conservative therapy. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included naproxen, pantoprazole, tramadol. The injured worker's provider submitted a request for the above medications. A Request for Authorization dated 08/04/2014 was submitted for naproxen, tramadol and pantoprazole. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen Sodium 550mg #60 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker reports medications are helping. The injured worker continues to feel fatigued. In addition, there is lack of documentation of functional improvement. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for naproxen is not medically necessary.

Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram ER, generic available in immediate release tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol HCL ER 150mg #60 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Per the guidelines, there is lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. In addition, the request had been modified on 08/12/2014. The provider has had ample time to wean the injured worker. Therefore, the request for tramadol is not medically necessary.

Pantoprazole Sodium DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole Sodium DR 20mg #30 is not medically. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding, perforation or peptic ulcer. In addition, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.