

Case Number:	CM14-0157476		
Date Assigned:	09/30/2014	Date of Injury:	06/29/2012
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 42-year-old male with date of injury of 06/29/2012. The listed diagnoses per [REDACTED] from 08/12/2014 are: 1. H&P by history at L5-S1, 5-mm. 2. Lumbar discogenic disease. 3. Chronic low back pain. 4. Morbid obesity. According to this report, the patient complains of chronic low back pain with left lower extremity radicular pain. The patient reports continued low back pain at a rate of 9/10. Without medication, his pain is 10/10 and with medication, it is "50% decreased and the patient is more functional." The examination of the lumbar spine reveals positive straight leg raise at 70 degrees on the left. Positive Lasegue's is noted. Motor strength is intact 5/5 at L3-S1. Deep tendon reflexes are 1+ at the patella and Achilles bilaterally. Range of motion is severely restricted in all fields especially with extension and lateral rotation bilaterally. The patient is unable to heel-toe walk on physical examination secondary to pain. The utilization review denied the request on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medications, Medications for chronic pain Page(s): 22, 60-61.

Decision rationale: This patient presents with chronic low back pain with left lower extremity radicular pain. The treater is requesting Anaprox DS, quantity #60. The MTUS Guidelines, page 22, on anti-inflammatory medications states that anti-inflammatory are the traditional first-line treatment to reduce pain so activity and functional restoration can resume but long-term use may not be warranted. It is supported for the treatment of chronic low back pain. The MTUS Guidelines, pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient has been taking naproxen since 09/19/2013. The 08/12/2014 report notes, "The patient reports continued low back pain at 9/10. Without medication, pain is 10/10. With medication, pain is 50% decreased and patient is more functional." In this case, the treater has noted adequate documentation regarding medication efficacy while utilizing NSAIDs. The request is medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 88-89, 78.

Decision rationale: This patient presents with chronic low back pain with left lower extremity radicular pain. The treater is requesting Norco 10/325 mg. For chronic opiate use, the MTUS Guidelines, pages 88 and 89, states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or a validated instrument." MTUS, page 78, also require documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been prescribed Norco since 09/19/2013. The 08/12/2014 report notes that the patient's pain without medication is 10/10, and with medication, it is "50% decreased and patient is more functional." The treater does not mention quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. There are no specifics regarding ADLs, no discussions regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. Therefore the request is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with chronic low back pain with left lower extremity radicular pain. The treater is requesting Prilosec 20 mg, quantity #60. The MTUS Guidelines, pages 68 and 69, on NSAIDs, GI symptoms, and cardiovascular risks, states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high-dose multiple NSAIDs. The records show that the patient has been utilizing PPIs, specifically omeprazole, since 09/19/2013. In this case, although the patient is on Anaprox/naproxen, there is no documentation of GI risk assessment or GI issues. Therefore the request is not medically necessary.