

Case Number:	CM14-0175372		
Date Assigned:	10/27/2014	Date of Injury:	10/26/2013
Decision Date:	12/04/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 26-year-old male who reported an injury on 10/26/2013. The injured worker stated he went outside to get a mop and as he came back inside, he stepped onto the metal door threshold and slipped on a greasy floor landing on his buttocks. The mop was in his right hand and he attempted to brace his fall with his left hand and injured his back against the door. The injured worker's treatment history included MRI studies of the lumbar spine, and CT scans of the lumbar spine, medications, physical therapy, and x-rays. The injured worker was evaluated on 08/13/2014 and it was documented that the injured worker complained of back pain. It was noted the injured worker has been through physical therapy, and was given some stretching exercises that did not give him any relief. He was sent to see a chiropractor without relief. It further states that his left great toe goes numb at times and the symptoms radiate to both of his legs with sensation of vibration to the buttocks. The pain was aggravated with sitting in the car or walking. He does tolerate riding his bike. Physical examination of the lumbar spine revealed he had tenderness over the L4-5 and L5-S1 vertebrae, tenderness over the PSIS bilaterally. There was tenderness through the right buttocks and over the right sciatic notch. There was mild tenderness over the left sciatic notch. Flexion was 70 degrees caused by pain in the lumbosacral area extending bilaterally into the buttocks. Extension was 25 degrees causing pain at the lumbosacral junction. Seated straight leg raise on the right reproduced discomfort in the right buttock, left was better tolerated. Straight leg raise on the right caused some pain through the right buttock and into the posterior thigh into the knee. Straight leg raise (SLR) on the left caused pain in the lumbosacral area in the left side. Medications included Norco, Naprosyn, and tramadol. Diagnosis included displaced lumbar intervertebral disc, lumbago and sciatica. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 with 3 refills 10/13/14 request: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Naproxen/Anaprox is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus a Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Anaprox did not include the frequency or duration of medication. The request for Anaprox 550mg #60 with 3 refills 10/13/14 is not medically necessary.

Cytotec 200mg #60 with 3 refills 10/13/14 request: 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 Proton Pump Inhibitors Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/search.php?searchterm=misoprostol>

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommends Prilosec for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation on 08/13/2104 did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request submitted for the injured worker. Per drugs.com Cytotec reduces stomach acid and helps protect the stomach from damage that can be caused by taking a non-steroidal anti-inflammatory drug (NSAID) such as aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), Celecoxib, Diclofenac, indomethacin, meloxicam, and others. On 08/13/2014, it was documented the injured worker denied any GI complaints. As such, the request for Cytotec 200mg #60 with 3 refills 10/13/14 is not medically necessary.

