

Case Number:	CM14-0178209		
Date Assigned:	10/31/2014	Date of Injury:	11/16/2010
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 11/16/2010 due to a motor vehicle accident. On 06/12/2014, the injured worker presented with low back pain. On examination of the lumbar spine, there was tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender with taut bands throughout and lumbar paraspinal muscles. There was noted muscle guarding with range of motion testing, which was decreased. There was 5/5 strength in the lower extremities with decreased sensation along the posterolateral thigh and posterolateral calf on the left in the approximate L5-S1 distribution in comparison to the right. Positive straight leg raise to the left was noted. Diagnoses were lumbar myoligamentous injury, left lower extremity radiculopathy, and medication induced gastritis. His medications included Norco, Anaprox, and Prilosec. The provider recommended Anaprox 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:

Anaprox DS 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

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

Decision rationale: The request for Anaprox DS 550 mg #60 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk for 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 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 to support continued use. There was no evidence of treatment history of the length of time that the patient has been prescribed Anaprox. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Prilosec 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67 - 69.

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

Decision rationale: The request for Prilosec 20 mg #60 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. There is a lack of documentation that the injured worker has any diagnosis congruent with the guideline recommendation for Prilosec. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.