

Case Number:	CM14-0021685		
Date Assigned:	02/24/2014	Date of Injury:	10/02/2012
Decision Date:	08/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Oklahoma and 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 33-year-old male who reported an injury on 10/02/2012. The mechanism of injury was not provided. On 12/05/2013, the injured worker presented with pain the low back and bilateral legs. Upon examination, tender disc noted to the L2-3, L3-4, L4-5, and L5-S1. There was a positive straight leg raise to the right and the diagnoses were disc protrusion of the lumbar spine. Current medications included Zantac, Celebrex and Ultram. The provider recommended Ultram, Zantac and Celebrex. The provider's rationale was not provided. The Request for Authorization Form was dated 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #30 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50 mg with a quantity of 30 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for

ongoing management of chronic pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. The lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug overuse behavior, and side effects. The injured worker has been prescribed Ultram since at least 12/2013, the efficacy of the medication was not provided. Additionally, the provider's request for Ultram does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

ZANTAC 150MG #30 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Zantac 150 mg with a quantity of 30 with 1 refill is not medically necessary. According to the California MTUS Guidelines, H-2 receptors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The included documentation lacked evidence that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, the injured worker has been prescribed Zantac since at least 12/2013, the efficacy of the medication was not provided. The provider's request for Zantac does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

CELEBREX 20MG #30 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

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

Decision rationale: The request for Celebrex 20 mg with a quantity of 30 and 1 refill is not medically necessary. California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDS as an option for short term symptomatic relief. The documentation state that the injured worker has been prescribed Celebrex since at least 12/2013, the efficacy of the medication was not provided.

Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.