

Case Number:	CM14-0022803		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2013
Decision Date:	08/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 33-year-old female who reported an injury after slipping on 05/01/2013. The clinical note dated 05/14/2014 indicated a diagnosis of lumbar radiculopathy symptoms. The injured worker reported low back pain and right leg pain that radiated to the toes with some left leg radiation. The injured worker also had neck and right arm pain. The injured worker reported that she was able to sit for 5 to 10 minutes without medications and 1/2 hour with medications. The injured worker was able to lift about 10 pounds at counter level twice a day. However, the injured worker reported that she could not bend or stoop. The injured worker reported that she had sleep disturbances from her pain. On physical examination, the injured worker had tenderness over the lumbar paraspinal muscles. Range of motion of the lumbar spine revealed extension of 0, flexion to the sacral of 5 degrees and lumbar of 35 degrees, lateral bending to the right of 20 degrees, lateral bending to the left of 25 degrees, rotation to the right of 25 degrees and rotation to the left of 30 degrees. The injured worker's prior treatments have included diagnostic imaging and medication management. The injured worker's medication regimen included Ultracet, Protonix and gabapentin. The provider submitted a request for the above-named medications; the Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACETAMINOPHEN AND TRAMADOL 37.5/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of objective documented pain relief and functional improvement within the documentation submitted. In addition, there was a lack of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker remained off work; and moreover, there was a lack of evidence of documentation provided of the exhaustion of conservative therapy. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is non-certified.

PROTONIX 20MG, #60: 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 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. Although the injured worker is taking an NSAID, there was a lack of documentation of the efficacy and functional improvement with the use of Protonix. In addition, the documentation submitted did not indicate that the injured worker had findings that would support that she was at risk for gastrointestinal bleeding or perforations or that she was at risk for peptic ulcers. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is non-certified.

GABAPENTIN 600MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS Guidelines recognize gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of an objective

assessment of the injured worker's pain level. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request does not indicate a frequency. Therefore, the request is non-certified.