MAXIMUS Federal Services

Case Number:	CM14-0027804		
Date Assigned:	06/16/2014	Date of Injury:	02/15/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 44 year old male injured on 02/15/13 when he was assisting a injured worker in the bathtub, slipped on water, and hit his knee and back. Current diagnoses included history of left knee surgery proximal tibia osteotomy for deformity, varus deformity left knee, degenerative joint disease of bilateral knees rule out internal derangement, lumbar discogenic disease, bilateral lumbar radiculopathy, cervical discogenic disease, cervical radiculopathy, and left shoulder impingement. Clinical note dated 01/29/14 indicated the injured worker presented complaining of low back pain, neck pain, bilateral knee pain, and increased right knee pain as a result of compensation for the initial left knee injury. Physical examination of the cervical spine revealed restricted range of motion, radiation into the left upper extremity across the C6 distribution, and intermittent numbness across the C6 and C7 distribution. Examination of the left shoulder revealed positive signs of impingement. Physical examination of the lumbar spine revealed spasm and positive bilateral straight leg raise. Treatment plan included epidural/facet injections for his neck, epidural injections for his lumbar spine, knee surgery, continuation of current medications including Anaprox, Prilosec, and Ultram ER, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX NO QTY. LISTED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Additionally, the dose, frequency, and number of refills was not provided. As such, the request for Anaprox cannot be established as medically necessary.

PRILOSEC NO QTY. LISTED: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Additionally, the dose, frequency, and number of refills was not provided. As such, the request for Prilosec cannot be established as medically necessary.

ULTRAM NO QTY. LISTED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear

documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the dose, frequency, and number of refills was not provided. As such, the medical necessity of Ultram cannot be established at this time.