

Case Number:	CM14-0033609		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2006
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Washington. 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 52-year-old male with an injury reported on 08/22/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/23/2013 reported that the injured worker complained of persistent lumbar spine pain radiating down to his right leg with associated numbness and tingling. The physical examination of the injured worker's lumbar spine revealed tenderness and restricted range of motion secondary to pain. It was reported that the injured worker had a positive straight leg raise at 20 degrees bilaterally and sensation to light touch and pinprick decreased in the right L5 and S1 dermatomal distributions. The injured worker's diagnoses included a herniated disc in the lumbosacral spine with lumbar radiculitis, and spinal stenosis. The provider requested Prilosec, Ultram, and a psychiatric consult. The rationales were not provided within the clinical notes. The request for authorization was submitted on 02/27/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for Prilosec was not provided within the clinical notes. The California Medical Treatment Utilization Schedule (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. There is a lack of clinical information provided indicating the injured worker has gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Prilosec. The guidelines identify increased risk of hip fractures with long-term usage of PPIs. The injured worker also failed to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary and appropriate.

Ultram 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for Ultram was not provided within the clinical notes. The California Medical Treatment Utilization Schedule (MTUS) guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was a lack of clinical information documenting the efficacy of Ultram as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency for the medication being requested. As such, the request is not medically necessary and appropriate.

Psychiatric consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for a psychiatric consultation was indicated for the treatment of depression. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There was a lack of clinical evidence indicating the injured worker has depression. The information provided indicating why the injured worker cannot be treated by the primary care physician, and requiring a psychiatric evaluation, was not provided within the clinical notes. The injured worker's prescribed medication regimen was not provided within the recent clinical notes. There is a lack of clinical information indicating the injured worker's depression was unresolved with medications. Given the information provided, there is insufficient evidence to determine the appropriateness to warrant medical necessity. As such, the request is not medically necessary and appropriate.