

Case Number:	CM14-0039342		
Date Assigned:	06/27/2014	Date of Injury:	08/12/1996
Decision Date:	08/14/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 Nevada. 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 54-year-old female who was reportedly injured on 8/12/1996. The mechanism of injury is listed as a twisting injury. The most recent progress note, dated 1/24/2014 indicates that there are ongoing complaints of low back and left leg pain. The physical examination demonstrated lumbar spine with limited range of motion with pain positive straight leg raise on the left and left lower extremity muscle strength diffusely weakened, no atrophy identified. No recent diagnostic studies are available for review. Previous treatment includes surgery, physical therapy, medications and conservative treatment. A request was made for Omeprazole 20 mg, #60, Naproxen 550mg, #60, Tramadol 50mg, #90, LidoPro 121gm, and was not certified in the pre-authorization process on 2/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PROTON PUMP INHIBITOR Page(s): 68-69.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the claimant does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization. Therefore, the use of this medication is deemed not medically necessary.

Naproxen 55mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drug (NSAID) Page(s): 66, 73.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs (non-steroidal anti-inflammatory). NSAIDs are recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. However, long-term use of this medication may not be warranted. Given their clinical presentation and lack of documentation of functional improvement with the use of Naproxen, the request is not considered medically necessary.

Tramadol 50mg, #90: 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 Tramadol (Ultram) Page(s): 82, 113.

Decision rationale: California Medical Treatment Utilization Schedule chronic pain treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.

Lidipro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56, 112.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant had no documented radiculopathy on physical exam or documented failure first-line treatment to include antidepressants or anti-epilepsy medications. As such, the request is considered not medically necessary.