

Case Number:	CM14-0043361		
Date Assigned:	06/27/2014	Date of Injury:	10/11/2011
Decision Date:	08/14/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Interventional Spine, 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 patient is a 48 year-old male with a 10/11/11 date of injury. According to the 2/17/14 orthopedic report from [REDACTED], the patient presents with pain in the cervical spine, lumbosacral spine both shoulders and associated difficulty with sleep, stress, anxiety, and depression. The diagnoses include status post lumbar laminotomy and foraminotomy at L5/S1 with residual weakness and atrophy of the left lower extremity, status post left shoulder arthroscopic debridement and syndovectomy for underlying rotator cuff pathology with residual fibrous ankylosis and weakness of the left shoulder muscles, chronic cervical ligamentous and muscular strain with discopathy and symptomatic radiculopathy, mild sleep disorder, GI distress, stress, anxiety, and depression. [REDACTED] notes difficulty with trying to get medications approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 60 Prilosec 20 mg.: 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 Page(s): 68-69.

Decision rationale: MTUS guidelines recommend use of proton pump inhibitors (PPIs) such as Prilosec for the treatment of dyspepsia from NSAIDs or for prevention of dyspepsia in patients determined to be at risk for GI events. MTUS criteria for risk of GI events include: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Records from [REDACTED] and [REDACTED] were reviewed from 10/2/13 through 7/14/14, specifically looking for any discussion on risk factors for GI events, or discussion on dyspepsia from use of NSAIDs. The 2/17/14 report mentions the patient has GI distress alternating with constipation. [REDACTED] notes the Prilosec was for the GI distress, and that he was alternating between oral medications and topical creams because of the GI distress. It is not clear what is causing the GI distress, and there is no description of what the GI distress is. There is no discussion that the patient has any of the MTUS criteria for risk for GI events and no indication that NSAIDs are causing dyspepsia. Based on the information provided, the request does not clearly meet the MTUS guidelines for use of a PPI such as Prilosec. The request is not medically necessary.

Prospective request for 60 Norco 5-500 mg.: 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 Page(s): 88-89.

Decision rationale: Records from [REDACTED] and [REDACTED] were reviewed from 10/2/13 through 7/14/14, specifically looking for any discussion on efficacy of medications, or pain or functional assessments with a numeric scale or validated instrument as required by MTUS under the criteria for long-term use of opioids. There is no mention that use of Norco helps decrease the patient's pain, or allows him to be more functional or improves the quality of his life. The MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain. Assessment of treatment efficacy is accomplished by reporting functional improvement. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The available documentation for Norco does not describe a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. The MTUS does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary.

Prospective request for 1 Re-evaluation with PTP: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): : 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Reporting Duties of the Primary Treating Physician.

Decision rationale: The MTUS/ACOEM guidelines allow for follow-up visits, and the Reporting Duties of the Primary Treating Physician requires progress reports no later than 45 days from the last report. The follow-up evaluation by the primary treating physician is required in California and is in accordance with the MTUS/ACOEM guidelines. The request is medically necessary.

Prospective request for 60 Tramadol 150 mg.: Overturned

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 Page(s): 76.

Decision rationale: There is no discussion of efficacy of Tramadol in the medical reports provided. The first mention of Tramadol appears on the 2/17/14 handwritten note by [REDACTED]. The 7/14/14 report from [REDACTED] notes that the tramadol was denied by UR. MTUS guidelines state that tramadol is not recommended as a first line analgesic. The records show the patient had tried Norco, but it was denied by UR. Tramadol was recommended after the trial of Norco which appears to be in accordance with MTUS guidelines. There does not appear to be reporting of efficacy of tramadol, apparently because it had never been approved. The trial of tramadol for the patient with chronic pain with a neuropathic component appears to be in accordance with MTUS guidelines. The request is medically necessary.

Prospective request for 100 Naproxen 550 mg.: 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 Page(s): 22.

Decision rationale: There is no discussion of efficacy of Naproxen in the medical reports provided. The UR letter denies use of Naproxen from 2/15/14 - 5/5/14. The first mention of Naproxen appears in the handwritten 2/3/14 report. The copy provided for IMR shows that naproxen 550mg, #100 was dispensed from [REDACTED] office. The 7/14/14 report from [REDACTED] does not mention whether the previously dispensed naproxen was effective or not. The MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain. Assessment of treatment efficacy is accomplished by reporting functional improvement. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, and the

documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of naproxen. The MTUS does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary.