

Case Number:	CM14-0049631		
Date Assigned:	07/07/2014	Date of Injury:	03/13/2009
Decision Date:	09/18/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male who has submitted a claim for lumbar back pain, chronic pain syndrome, and severe depression associated with an industrial injury date of March 13, 2009. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. The pain radiates down to his right leg. There was also complaint of increasing migraine associated with nausea and photophobia. Physical examination showed patient on a mildly antalgic gait with a single point cane. Other recent physical examination findings were not available for review. Imaging studies were not available as well. Treatment to date has included medications, psychotherapy, cognitive behavioral therapy, activity modification, and lumbar facetectomy, laminectomy, discectomy, and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

motorized scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Power mobility devices (PMDs), page 99 Page(s): 99.

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker; or the patient has sufficient upper extremity function to propel a manual wheelchair; or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, a report from March 4, 2014 cited that patient needed a motorized scooter to assist with his community ambulation and are consistent with his 100% disability rating. It is unclear if there was difficulty propelling himself, or if there was no available caregiver to assist him. Moreover, a previous request for a portable wheelchair has already been approved on a utilization review dated April 1, 2014. There is no compelling indication as to why this would not suffice. The medical necessity has not been established. Therefore, the request for motorized scooter is not medically necessary.

1 prescription of Naproxen 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 x NSAIDs, page 66 Page(s): 66.

Decision rationale: As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been prescribed Naproxen since March 2014 as a migraine prophylactic. However, guidelines did not mention its use for migraine headaches. Furthermore, long-term use is not recommended. Moreover, the present request failed to specify the quantity to be dispensed. Therefore, the request for 1 prescription of Naproxen 500 mg is not medically necessary.

Omeprazole 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. Decision based on Non-MTUS Citation ODG- PAIN CHAPTER.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need

for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In the reports viewed, it was noted that the prescription for Naproxen was not appropriate for treating migraines and therefore this medication would not be appropriate either. Furthermore, the patient is not documented to suffer from GERD or any gastrointestinal events. Therefore, the request for Omeprazole 20mg is not medically necessary.