

Case Number:	CM14-0063493		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2008
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 Illinois. 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 39-year-old male who reported an injury on 09/27/2008. The mechanism of injury was not provided for clinical review. The diagnoses include grade 1 spondylolisthesis, facet arthropathy, status post decompression laminectomy and discectomy, bilateral knee pain, status post removal of retained pedicle screw, fracture of the left S1 screw, and removal of retained pedicle sublaxation system. Previous treatments included medications, spinal cord stimulator, and an EMG. Within the clinical note dated 02/21/2014, it was reported the injured worker complained of pain in the lower back. He rated his pain 8/10 in severity. He complained pain was aggravated with bending, twisting, and turning. Upon the physical examination, the provider noted tenderness to palpation bilaterally of the lumbar spine with increased muscle rigidity. The injured worker had numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. The range of motion was flexion at 45 degrees and extension at 15 degrees. The provider requested Norco, Prilosec, Flexmid, Doral, and Neurontin. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG, 240 count.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment in the documentation. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Prilosec 20MG, 60 count.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines note proton-pump inhibitors are recommended for an injured worker at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding, proton-pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an h2 receptor antagonist or proton-pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The documentation did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. Additionally, there was a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Fexmid 7.5MG, 60 count.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time since at least 01/2014 which exceeds the Guideline recommendation of short term use. Therefore, the request is not medically necessary.

Doral 15MG, 30 count.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend Doral for long term use because of the long term efficacy being unproven and there is a risk of dependence. The Guidelines also recommend the limited use of Doral to 4 weeks. The injured worker had been utilizing the medication since at least 01/2014 which exceeds the Guideline recommendation of short term use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Neurontin 300MG, one month supply.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The California MTUS Guidelines note gabapentin has been shown to be effective for the treatment plan of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker had been utilizing the medication since at least 01/2014. Therefore, the request is not medically necessary.