

Case Number:	CM14-0065030		
Date Assigned:	07/11/2014	Date of Injury:	08/24/2011
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 Medicine and is licensed to practice in Texas. 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 a work related injury dated 08/24/11. The injured worker was arranging boxes in a walk-in freezer of several boxes, each of which weighed approximately 80-90 lbs., fell off the shelf, striking his low back and left leg. He braced himself with his left arm to prevent the fall and immediately experienced pain in his left shoulder, left arm, low back, and left leg. The most recent documentation submitted for review is dated 04/29/14. The injured worker reports no improvements since last visit. He reports lumbar spine pain 9/10, left knee pain 9-10/10, and cervical spine pain 9-10/10. He continues to have anxiety, depression, and lack of sleep. Physical examination lumbar spine revealed muscle spasms of the trapezius musculature, muscle spasm. Left knee tenderness along the anteromedial aspect of the knee. Diagnostic studies EMG/NCV(Electromyogram/ Nerve conduction velocity) dated 06/12/12 of the bilateral lower extremities, peripheral polyneuropathy secondary to generalized/systemic neuropathic process. MRI of the lumbar spine dated 10/02/13, reveals loss of intervertebral disc height and disc desiccation seen at the L4-5 and L5-S1 levels with straightening of the normal lumbar spine lordosis. No paravertebral soft tissue abnormalities are seen. Grade 1 anterolisthesis seen at the L5-S1 level measuring .6cm but no spondylolysis. The rest of the levels demonstrate normal alignment. At the L5-S1 level, focal left greater than right paracentral disc protrusion measuring 4.8mm is seen, flattening and abutting the anterior left greater than right portion of the thecal sac with mild left greater than right lateral spinal and neuroforaminal stenosis. There is no extrusion or sequestration of the disc material. At the L4-5 level, annular concentric and broad based disc protrusion measuring 4mm is seen flattening and abutting the anterior portion of the thecal sac with mild bilateral spinal and neuroforaminal stenosis. Diagnoses lumbar spine strain. Cervical thoracic spine strain with possible cervical radiculopathy. Rule out internal derangement, left knee improved. Prior left knee injury 3 years

ago. Complaints of depression, anxiety, and sleep difficulty. Prior utilization review on 04/23/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Anaprox 550 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication is not medically necessary.

60 Prilosec 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age more than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication is not medically necessary.

60 Tramadol 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review on 04/23/14 was non-certified. Therefore, 60 Tramadol 50 MG is not medically necessary.