

Case Number:	CM14-0065327		
Date Assigned:	07/11/2014	Date of Injury:	05/01/2005
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
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 57 year old male who fell from a cherry picker on 05/01/2005. It was noted that he was wearing a harness; as he fell he struck the forks on the cherry picker injuring his ribs and low back. Records indicate that the injured worker is status post right L4-5 and right L5-S1 microdiscectomy which resulted in improvement in leg pain. He currently complains of low back pain and discomfort in the right ribs with activity; however, he has no discomfort at rest. On physical examination he has a normal gait and is able to ambulate without a cane. He is able to toe and heel walk with pain in the back. He is noted to have tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. There is tenderness over the paraspinous muscles of the lower lumbar spine. There is a healed incision noted. Lumbar range of motion is reduced in all planes. An MRI of the lumbar spine dated 11/08/13 indicates a 4 mm disc protrusion at L4-5 associated with severe canal stenosis and bilateral lateral recess and foraminal stenosis. There are 4 mm disc protrusions reported at L3-4 and L5-S1. These are also associated with contact of the S1 and L3 nerve roots. The record includes a utilization review determination dated 04/29/14 in which requests for Anaprox 550 mg #60, Protonix 20 mg #50 and Norco 25 mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 67-70. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for Anaprox 550 mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome status post lumbar decompression. He continues to have low back pain. Imaging studies reflect multilevel degenerative changes for which Anaprox 550 mg would be clinically indicated. Therefore the request is medically necessary.

Protonix 20mg #50: Overturned

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 NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Protonix 20 mg #50 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has multilevel degenerative changes for which NSAIDs would be clinically indicated. California MTUS supports the use of proton pump inhibitors in conjunction with NSAID use. Given the chronicity of the condition, the injured worker is at risk for developing NSAID induced gastritis. Therefore the request is medically necessary.

Norco 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 74, 78-97.

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

Decision rationale: The request for Norco 2.5 mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a chronic history of low back pain. The submitted clinical records provide no data which establishes the functional benefit of this medication. There are no serial visual analogue scale scores which establish the efficacy of the medication. There is no indication from the clinical records that there is a signed pain management contract or that the injured worker undergoes routine or random urine drug screen to assess compliance. As such, the request would not meet criteria for chronic opiate use per California MTUS. Therefore the request is not medically necessary.