

Case Number:	CM14-0069622		
Date Assigned:	07/14/2014	Date of Injury:	03/12/2013
Decision Date:	10/07/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 & Rehabilitation and is licensed to practice in Alabama. 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 54 year old male who sustained an injury on 03/12/13 with multiple claims noted. On this particular date of injury, the injured worker indicated that he suffered a panic attack while arguing with his supervisor. Prior treatment included physical therapy and the use of a TENS unit. The injured worker also received massage treatment. The injured worker was evaluated on 01/13/14 for continuing low back pain. The injured worker was using a home exercise program. The injured worker's physical exam noted loss of lumbar range of motion. The requested medications were denied by utilization review on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium, 550 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to the requested medication, there is a paucity of clinical information to support the ongoing use of this medication. There are no further evaluations for this injured worker beyond January of 2014 to support the efficacy of this medication for the

injured worker. Given the limited updated information for the injured worker, this reviewer would not have recommended this medication as medically necessary.

Pantoprazole, 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the requested medication, there is a paucity of clinical information to support the ongoing use of this medication. There are no further evaluations for this injured worker beyond January of 2014 to support the efficacy of this medication for the injured worker. Given the limited updated information for the injured worker, this reviewer would not have recommended this medication as medically necessary.

Tramadol HCL ER, 150 mg capsule, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the requested medication, there is a paucity of clinical information to support the ongoing use of this medication. There are no further evaluations for this injured worker beyond January of 2014 to support the efficacy of this medication for the injured worker. Given the limited updated information for the injured worker, this reviewer would not have recommended this medication as medically necessary.