

Case Number:	CM14-0071401		
Date Assigned:	07/14/2014	Date of Injury:	01/27/2004
Decision Date:	10/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/16/2014

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 Nevada. 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 records presented for review indicate that this 36 year-old individual was reportedly injured on January 27, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 2, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a normal reflex, normal sensory and motor function in the bilateral lower extremities. Straight leg raising was noted to be negative, a normal gait pattern is reported and the injured employee can heel and toe walk bilaterally. There is some tenderness to palpation noted in the lumbar spine and a decrease in lumbar spine range of motion. Diagnostic imaging studies objectified a well healed surgical fusion mass. Previous treatment includes lumbar fusion surgery, multiple medications, postoperative rehabilitation, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS Naproxen Sodium 550 mg 90 tabs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

Decision rationale: As outlined in the MTUS, this medication is indicated as a treatment for the signs and symptoms related to osteoarthritis. The radiographs indicate a solid fusion mass. There is no specific inflammatory situation being addressed by this medication. Furthermore, there is no noted efficacy or utility in terms of increased functionality or decrease pain complaints. As such, there is insufficient clinical data to establish the medical necessity of this medication.

Protonix Pantoprazole 20 mg 60 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI symptoms.

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

Decision rationale: This medication is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease and can also be used as a protectorate for those individuals utilizing non-steroidal medications. However, when noting the date of injury, the injury sustained, the treatment rendered and the complete lack of any complaints relative to the gastrointestinal system there is no data presented to suggest that this medication is warranted. Therefore, based on the clinical information presented for review tempered by the parameters noted within the MTUS this is not medically necessary.

Norflex Orphenadrine 100mg 60 tabs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: This is a medication related to the antihistamine family. It is used to treat painful muscle spasms and Parkinson's disease. The physical examination presented for review does not indicate that there are any indicators of severe muscle spasms. Furthermore, there is no noted efficacy with the use of this medication. Thus, when considering these two factors tempered by the parameters outlined the MTUS there is no medical necessity established the progress of presented for review.

Menthoderm ointment 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: As noted in the MTUS, this is a topical analgesic whose active ingredients are methyl salicylate and menthol. There is some support for methyl salicylate over placebo in the treatment of chronic pain. However there is no support for menthol. As noted in the MTUS, when one component of a topical compounded preparation is not clinically indicated the entire product is not clinically recommended. Therefore, based on the clinical information presented for review tempered by the parameters noted in the MTUS this is not medically necessary.

Ultram Tramadol HCL ER 150 mg #60 caps: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: As outlined in the MTUS, this is a centrally acting synthetic opioid analgesic not recommended for first-line treatment. Furthermore, this is only indicated to treat evidence of moderate to severe pain. Based on the radiographic assessment that the fusion mass is on and noting the physical examination findings reported; there is no clear indication that there is significant pain issues. Furthermore, the amount of medication being used should demonstrate increased functionality or decrease pain control. None of these parameters is noted to have been accomplished with this medication. As such, the medical necessity has not been established in the progress of presented for review.