

Case Number:	CM14-0087061		
Date Assigned:	07/23/2014	Date of Injury:	08/04/2009
Decision Date:	09/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 39-year-old male who sustained an industrial injury on 8/4/09. The mechanism of injury was striking his head and back on a pipe above him when he got up from a kneeling position from underneath a water pump. His diagnoses included tender lump on the scalp, headaches, lumbago, lumbar spasm and lumbar spine radiculopathy. His medications included Tramadol, Naproxen and Omeprazole. His prior treatment included three epidural injections, chiropractic therapy and Physical therapy. He was seen by the treating provider on 05/12/14. He went to his two authorized sessions of physical therapy. The first one seemed to hurt and second one made him better. According to Physical therapy notes, he had improved 20%. Examination showed that he was unable to stand erect. He had difficulty with bending forward greater than 20 degrees, difficulty with squatting and was unable to tie shoe lace. The diagnosis was lumbago. The plan of care included Tramadol, Naprosyn, Prilosec, Physical therapy and labs. He was unemployed. According to his notes from 01/21/14 and from 02/18/14, he was using pain medications that improved his symptoms. The request was for Naproxen 550mg #60, Tramadol 50mg #90 and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, NSAIDS.

Decision rationale: The request was for Naproxen 550 mg #60. According to Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option in chronic low back pain for short-term symptomatic relief. Guidelines do not endorse long term use. The employee's records demonstrate complaints of chronic low back pain and that naproxen was effective at improving the patient's pain during a previous visit. There is no relevant documentation about the need for ongoing NSAIDS given the lack of functional improvement. The request for Naproxen 550 mg #60 is not medically necessary and appropriate.

Tramadol 50 mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78-79.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. The employee was being treated for low back pain and had been on Tramadol. He was reported not to be working and there was no documentation in the progress notes from May 2014, on functional improvement or pain scale improvement with the use of Tramadol. Hence the request for continued use of Tramadol is not medically necessary or appropriate.

Prilosec 20 mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request is for Prilosec which is a proton pump inhibitor. According to the Chronic pain medical treatment guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose

multiple NSAID use. The information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that he is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and he is also younger than 65 years of age without any documented cardiovascular history. The request for Prilosec is not medically necessary and appropriate.