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| Case Number: | CM14-0096567 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 05/06/2001 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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 54 year old female who sustained an injury on 05/06/01. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of low back pain. The most recent report was from 02/04/2014 which was a medical clearance for work conditioning. The injured worker has also received acupuncture therapy. The requested Tramadol 50mg #90 with 3 refills, Motrin 800mg #60 with 3 refills, Prilosec 20mg #60 with 3 refills and gabapentin 100mg #60 with 3 refills were all denied by utilization review on 05/27/14

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG THREE TIMES A DAY #90 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The clinical documentation submitted for review did not include any updated assessments establishing the need for the requested medication. The last evaluation was a medical clearance report for a work conditioning report. There is no current information regarding the injured worker's complaints or indications for the continued use of medications at

this point in time. Given the paucity of clinical information to support the requested medication, this reviewer would not recommend medical necessity at this time.

Motrin 800 mg twice daily #60 with 3 refills: Upheld

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

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

Decision rationale: The clinical documentation submitted for review did not include any updated assessments establishing the need for the requested medication. The last evaluation was a medical clearance report for a work conditioning report. There is no current information regarding the injured worker's complaints or indications for the continued use of medications at this point in time. Given the paucity of clinical information to support the requested medication, this reviewer would not recommend medical necessity at this time.

Prilosec 20 mg twice daily #60 with 3 refills: Upheld

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

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: The clinical documentation submitted for review did not include any updated assessments establishing the need for the requested medication. The last evaluation was a medical clearance report for a work conditioning report. There is no current information regarding the injured worker's complaints or indications for the continued use of medications at this point in time. Given the paucity of clinical information to support the requested medication, this reviewer would not recommend medical necessity at this time.

Gabapentin 100 mg twice daily #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-23.

Decision rationale: The clinical documentation submitted for review did not include any updated assessments establishing the need for the requested medication. The last evaluation was a medical clearance report for a work conditioning report. There is no current information regarding the injured worker's complaints or indications for the continued use of medications at

this point in time. Given the paucity of clinical information to support the requested medication, this reviewer would not recommend medical necessity at this time.