

Case Number:	CM13-0036836		
Date Assigned:	12/13/2013	Date of Injury:	09/29/2009
Decision Date:	03/16/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 09/29/2009. He was reportedly connecting a trailer to a truck, when he felt an immediate sharp pain to the lumbar spine. Current medications included Neurontin, metformin, glipizide, and Lantus. The injured worker was status post posterior interbody fusion at L4-5 and L5-S1, with pedicle screws on L4-5, undated. On 05/01/2013, the injured worker presented with complaints of low back pain radiating into the bilateral legs. Examination of the lumbar spine revealed tenderness to the paraspinal musculature. There is weakness at the big toe dorsiflexor and big toe plantarflexor bilaterally. There was facet tenderness at the L3, L4, and L5 levels. The diagnoses were status post lumbar surgery x3, symptoms of anxiety and depression, symptoms of insomnia, elevated blood pressure secondary to pain, weight gain, and diabetes mellitus. The treatment plan included Anaprox 550 mg, Prilosec 20 mg, and morphine sulfate 30 mg. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-70.

Decision rationale: The request for Anaprox 550 mg, with a quantity of 120, is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs at the lowest dose for the shortest amount of time consistent with the injured worker's treatment plan or goals. There was a lack of documentation of an adequate pain assessment of the injured worker. Additionally, there was no information on increased function and decreased pain with the prior use of the medication. The efficacy of the prior use of the medication was not provided to support continued use. Additionally, the provided request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

Decision rationale: The request for Prilosec 20 mg, with a quantity of 60, is not medically necessary. The California MTUS Guidelines state that Prilosec is recommended for injured workers with dyspepsia secondary to NSAID therapy, or those taking NSAID medications who are at a moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis of dyspepsia. Additionally, there is no evidence of the injured worker being at a moderate to high risk for gastrointestinal events. There is no subjective or objective findings related to gastrointestinal complications. There is no information on treatment history and length of time the injured worker had been prescribed Prilosec. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Morphine sulfate 30 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for morphine sulfate 30 mg, with a quantity of 120, is not medically necessary. The California MTUS Guidelines recommend opioids in the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of documentation of treatment history and length of time the injured worker has been prescribed morphine sulfate. Additionally, the efficacy of the prior use of the medication was not provided to support continued use. There is no evidence of any current urine drug screen or a current signed pain contract noted. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.