

Case Number:	CM14-0191642		
Date Assigned:	11/25/2014	Date of Injury:	10/24/2012
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 California. 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 (IW) is a 41-year-old man with a date of injury of October 24, 2012. The mechanism of injury occurred as the IW fell while attempting to climb down a truck. The IW is receiving treatment to his lower back, left thigh, left knee, left forearm, left wrist, and left elbow. The current working diagnoses include spasm of muscle, lumbar facet syndrome, lumbar radiculopathy, lateral epicondylitis, knee pain and low back pain. He has been treated with physical therapy and chiropractic treatments in the past. MRI of the lumbar spine dated July 23, 2013 revealed left L5-S1 disc protrusion. The IW underwent a trigger point epidural steroid injection at L5-S1 on December 18, 2013, which was successful, and the IW had no radicular pain at that time. The IW is working full-time. Pursuant to a progress note dated September 3, 2014, the IW complains of lower backache. Pain has remained unchanged since last visit. Quality of sleep is fair. The IW states he is taking all of his prescribed medications. No side effects are reported. He reports that the medications are working well. No medication abuse is suspected. Current medications include Pepcid 20mg, Ibuprofen 600mg, Skelaxin 800mg, and Ultram 50mg. Objective physical findings revealed lumbar spine range of motion is restricted with extension limited to 20 degrees, but normal flexion, right lateral bending, and left lateral bending. On palpation of the paravertebral muscles, tenderness and tight muscle bands were noted on the left side. Spinous process tenderness is noted at L4 and L5. Heel and toe walking are normal. Lumbar facet loading is positive on the left. Straight leg raise test is negative. Tenderness is noted over the left gluteus medius and piriformis. The treatment plan recommends the continuation of Ultram, Ibuprofen, and Pepcid for GI prophylaxis, and Skelaxin. Documentation in the medical record indicated that the IW has been taking the aforementioned medications since at least July of 2013. Documentation in the medical record states that the IW failed Ibuprofen and is no longer taking it because he is allergic to it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: The injured worker (IW) is a 41-year-old man with a date of injury of May 22, 2001. The IW sustained an injury to his low back while carrying a 250 pound piece of glass with a co-worker. The co-worker dropped the piece of glass and it fell in the IW, pinning him to the ground. The IW has been diagnosed with s/p anterior/posterior fusion at L5-S1, and chronic low back pain. Medical treatments to date have included left lumbar medial branch nerve block, s/p failed microdiscectomy at L5-S1 on March 14, 2002, and s/p lumbar fusion on July 10, 2003. EMG/NCV is positive for left L5-S1 radiculopathy. Pursuant to the progress report dated October 11, 2014, the IW present for a follow-up visit with complains of a sore back. He states that he is working. The progress report indicated that the IW has an unspecified pump. Physical examination revealed stiffness and tightness at L4-L5 on deep palpation as well as bilateral posterior and superior iliac spine. Straight leg raise test causes hamstring tightness, and low back pain as well as numbness and tingling on the left side. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The provider is requesting authorization for urine drug screen and is refilling his current medications of Norco 10/325mg, and Valium 5mg. Administrative records indicate that the IW has been prescribed Valium since at least 2012. The IW has been taking Norco for an unknown period of time. The IW is 13 years post-date of injury. Therefore, this request is not medically necessary.

Pepcid 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pepcid Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pepcid 20 mg #60 is not medically necessary. Pepcid is an H2 receptor antagonist. H2 receptor antagonists are indicated when patients take nonsteroidal anti-inflammatory drugs with certain risk factors. These risk factors include, but are not limited to age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids and/or anticoagulants; or high-dose/multiple nonsteroidal anti-

inflammatory drug use. In this case, the injured worker did not have any of the comorbid conditions listed above. Specifically, there was no peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids. Consequently, Pepcid 20 mg #60 is not medically necessary.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patients decrease pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, a July 2013 progress note indicates Ultram was being taken. It is unclear what the exact starting date was according to the medical documentation. There is no documentation containing objective functional improvement associated with long-term opiate use. Additionally, there are no compelling clinical facts supporting its protracted use. The treating physician indicated he did not suspect the injured worker to be at high risk for drug misuse or abuse however there was no urine drug testing or risk assessment performed in the medical record. Consequently after the appropriate documentation, Ultram 50mg #60 is not medically necessary.

Ibuprofen 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 600 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker was taking ibuprofen as far back as July 2013. However, increasing the medical records indicate the injured worker is "allergic" to ibuprofen. This is documented in a November 2013 progress note. The ibuprofen was subsequently discontinued. Ibuprofen was subsequently restarted however the "allergy" was never addressed. The allergy section of the medical record indicates an allergy to ibuprofen despite the re-current renewals. Additionally, nonsteroidal anti-inflammatory drugs are

recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. This injured worker was taking ibuprofen as far back as July 2013. There are no compelling clinical facts in the medical record to support the prolonged use of ibuprofen that are clearly in excess of those permitted by the guidelines. Consequently, after the appropriate clarifying documentation and the prolonged use of Ibuprofen, Ibuprofen 600 mg #60 is not medically necessary.