

Case Number:	CM14-0208505		
Date Assigned:	12/22/2014	Date of Injury:	05/26/2011
Decision Date:	03/02/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Pennsylvania, Ohio, California
 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 underlying date of injury is 05/26/2011. The date of the utilization review under appeal is 12/02/2014; a page of that utilization review with the rationale for initial denial is missing. This patient's treating diagnoses include lumbar disc syndrome, multilevel lumbar spondylosis, and lumbar annular fissure. On 10/21/2014, the patient was seen in primary treating physician follow-up regarding chronic lumbar back pain since a motor vehicle accident, which had occurred at work on 05/13/2011. The patient continued to complain of lumbar pain in a distribution from the middle of the lumbosacral spine and radiating laterally. The patient rated his pain as 6/10 and relieved moderately with pain medication. The patient ambulated with the assistance of a cane and reported lumbosacral back pain at the lumbar curvature radiating to the lumbar muscles. Treatment plan included prescriptions for Norco as needed for severe pain, ranitidine, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Prilosec 20 MG: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, states that the clinician should determine if the patient is at risk for gastrointestinal event. These risk factors include age greater than 65 years. Since this patient was born in 1943, this patient does meet these criteria for gastrointestinal prophylaxis due to ongoing anti-inflammatory medication use. This request is medically necessary.

30 Tablets of Elavil 50 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants. Page(s): 122.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on tricyclic antidepressants, page 122, states that tricyclics are recommended and are generally considered a first-line agent unless they are ineffective or poorly tolerated or contraindicated. Thus, given this patient's ongoing pain, this medication is recommended as first-line treatment, particularly given a recommendation for tapering and discontinuation of opioid medication. This request is medically necessary.

60 Tablets of Norco 10/325mg: 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.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management and also discusses the need for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records in this case do not discuss such a rationale or indication or benefit for ongoing opioid treatment in this case. In particular, there is no apparent functional benefit, nor functional goals to support ongoing opioid use. This request is not medically necessary.

60 Tablets of Naproxen 500mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications. Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, states that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. In a situation such as this with chronic musculoskeletal pain, this medication class is the first-line treatment recommendation. Such a recommendation would particularly be applicable at a time when opioids have been recommended for taper and discontinuation. Therefore, naproxen is supported by the treatment guidelines. This request is medically necessary.