

Case Number:	CM14-0217821		
Date Assigned:	01/07/2015	Date of Injury:	09/14/2007
Decision Date:	02/28/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/29/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 60 year-old male with a date of injury of 09/14/2007. The results of the injury include chronic low back pain with radiation to the bilateral lower extremities. Diagnoses have included lumbar spine radiculopathy; chronic sacroiliitis; left lower extremity paresthesias; and status post fusion of the lumbar spine in 1999. Treatments have included medications and aquatic therapy. Medications have included Naproxen, Tramadol, Omeprazole, Gabapentin, and Tizanidine. A progress note from the treating physician, dated 11/06/2014, documented a follow-up examination of the injured worker. The injured worker reported low back pain at 8 to 9/10 on the visual analog scale, which radiates down the lower extremities all the way to the bottom of the feet. The pain is described as constant, sharp, and burning. Objective findings included tenderness of the paraspinal region; extremely limited range of motion to the lumbar spine: flexion is 20/90 degrees, extension is 10/25 degrees, and right and left lateral flexion are 10/25 degrees; poor balance; unable to toe or heel walk due to poor balance; walks with a walker. Work status is listed as permanently disabled. Treatment plan was documented to include prescription of medications: Ibuprofen for baseline pain management and inflammation, famotidine to protect the gastric mucosa, and amitriptyline for paresthesias; and follow-up evaluation in 6 weeks. Request is being made for 1 prescription for Ibuprofen 800 mg #90 with 5 refills; 1 prescription for Famotidine 20 mg #30 with 5 refills; and 1 prescription for Amitriptyline 25 mg #30 with 5 refills. On 11/29/2014, Utilization Review modified 1 prescription for Ibuprofen 800 mg #90 with 5 refills to 1 prescription for Ibuprofen 800 mg #90 with 1 refill. Utilization Review modified 1 prescription

for Ibuprofen 800 mg #90 with 5 refills to 1 prescription for Ibuprofen 800 mg #90 with 1 refill based on the documentation that the injured worker is to be seen in 6 weeks for a follow-up and should not be given 5 refills at this time. The Utilization Review cited the CA MTUS: Chronic Pain Medical Treatment Guidelines (May 2009), Ibuprofen. Utilization Review non-certified a prescription for 1 prescription for Famotidine 20 mg #30 with 5 refills. Utilization Review non-certified a prescription for 1 prescription for Famotidine 20 mg #30 with 5 refills based on the lack of documentation of a history including GERD. As well, the injured worker does not demonstrate any risk factors for a gastrointestinal event, this medication is not necessary at this time. The Utilization Review cited the CA MTUS: Chronic Pain Medical Treatment Guidelines (May 2009): NSAIDs, GI symptoms, and cardiovascular risk. Utilization Review modified 1 prescription for Amitriptyline 25 mg #30 with 5 refills to Amitriptyline 25 mg #30 with 1 refill. Utilization Review modified 1 prescription for Amitriptyline 25 mg #30 with 5 refills to Amitriptyline 25 mg #30 with 1 refill based on documentation supporting the injured worker has not been on this medication and has a follow-up in 6 weeks. Therefore, the medication should be prescribed until the follow-up date to see if there are any adverse side effects. The Utilization Review cited the CA MTUS: Chronic Pain Medical Treatment Guidelines (May 2009), Neuropathic Pain. Application for independent medical review was made on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: This 60 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 9/14/07. He has been treated with lumbar spine surgery, physical therapy and medications to include NSAIDS since at least 04/2014. The current request is for ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 6 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Famotidine 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/famotidine

Decision rationale: This 60 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 9/14/07. He has been treated with lumbar spine surgery, physical therapy and medications to include NSAIDS since at least 04/2014. The current request is for Famotidine. The current request is for Famotidine. Famotidine is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of medical rationale regarding the necessity use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Famotidine is not indicated as medically necessary in this patient.

Amitriptyline 25mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain, tricyclic antidepressants Page(s): 14.

Decision rationale: This 60 year old male has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 9/14/07. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Amitriptyline 25 mg, #30 with 5 refills. Per the MTUS guidelines cited above, tricyclic antidepressants are recommended for the treatment of chronic pain; however, due to the low threshold for toxicity for this class of medications, strict monitoring and follow up are recommended. The duration and quantity of this prescription is excessive. On the basis of the available provider records and per the MTUS guidelines cited above, Amitriptyline 25 mg #30 with 5 refills is not indicated as medically necessary.