

Case Number:	CM15-0001326		
Date Assigned:	02/05/2015	Date of Injury:	08/05/1997
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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 56-year-old male who reported injury on 08/05/1997. The mechanism of injury was not provided. The injured worker was noted to undergo a disc replacement at L4-5 and L5-S1 on 04/25/2005. The injured worker underwent a left knee arthroplasty on 06/16/2009. The documentation of 12/08/2014 revealed the injured worker had increased pain in the bilateral knees, right greater than left. The injured worker was noted to undergo an MRI of the right knee on 06/21/2013. The injured worker was noted to have ongoing debilitating low back pain. The injured worker's medications included tramadol, Celebrex, Lyrica, Synovacin, and Dendracin which enabled him to function on a daily basis. The injured worker was noted to undergo a successful trial of a spinal cord stimulator on 01/07/2010. The treatment plan included Doral 15 mg 1 at bedtime, a refill of current medications, and the addition of Prilosec 20 mg 1 by mouth 2 times a day. Prilosec was being utilized for GI protection as the injured worker was noted to continue with NSAIDs and have chronic pain and stress and poor eating habits and nutrition and utilized cigarettes and alcohol. The injured worker had decreased range of motion of the upper extremities and lumbar spine and cervical spine. The injured worker had tenderness and pain in the cervical spine, lumbar spine, and upper extremities. The injured worker was noted to undergo a left knee MR arthrogram, bilateral knee MRIs, EMG of the bilateral extremities, a cervical discogram, a cervical spine MRI, and an additional left knee MRI. The diagnoses included lumbar spine sprain and strain syndrome, discogenic back pain, bilateral lower extremity radiculopathy, and reactionary depression and anxiety, as well as medication induced gastritis. The treatment plan included the medications including Doral 15 mg and Prilosec,

Ultracet 3 times a day #180, Lyrica 75 mg, Celebrex 100 mg, Lexapro 20 mg, trazodone 150 mg, and Colace 100 mg and a followup in 2 to 3 months. There was no Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. However, the efficacy was not provided. Additionally, the request as submitted failed to indicate the frequency and the strength as well as the quantity of medication being requested. Given the above, the request for Prilosec is not medically necessary.

Doral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as a treatment for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review failed to provide the documentation of the duration of use. Additionally, the request as submitted failed to indicate the frequency and the quantity as well as the strength for the requested medication. There was a lack of documentation indicating a necessity for the addition of Doral to the other medications. Given the above and the lack of documentation, the request for Doral is not medically necessary.