

Case Number:	CM15-0001507		
Date Assigned:	01/12/2015	Date of Injury:	06/23/2011
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
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

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 62-year-old female who reported an injury on 06/23/2011. The mechanism of injury was not stated. The current diagnosis is lumbago, status post PLIF. The injured worker presented on 09/18/2014 with complaints of constant pain in the lower back, aggravated by bending, lifting, twisting, pushing, pulling, prolonged activity, and walking multiple blocks. The injured worker also reported radiating pain into the bilateral lower extremities. Upon examination of the lumbar spine, there was a well healing incision, no signs of infection or wound dehiscence, mild cellulitis and erythema around the surgical and staple sites, and intact sensation in the bilateral lower extremities. Medication refills were being ordered under a separate cover letter (the separate cover letter was not submitted for this review). The injured worker was instructed to continue with physical therapy for the lumbar spine. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit./Acetaminophen 10/325mg. Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It is unclear how long the injured worker has utilized hydrocodone 10/325 mg. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

Decision rationale: The California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. It is unclear how long the injured worker has utilized fenoprofen calcium. The guidelines do not recommend long term use of NSAIDs. There is also no documentation of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. As such, the injured worker does not currently meet criteria for the requested medication. Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon examination. The guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Sumatriptan Succinate tablets 25mg #9: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. The injured worker did not report migraine headaches. The injured worker does not maintain a diagnosis of migraine. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.