

Case Number:	CM15-0005327		
Date Assigned:	01/16/2015	Date of Injury:	07/17/2014
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old male who reported an injury on 07/17/2014. The mechanism of injury occurred while the injured worker was moving a box of tiles. His relevant diagnoses include thoracic or lumbosacral neuritis or radiculitis, pes anserinus and tendinitis/bursitis. His past treatments included medications, physical therapy, surgery, and pain management. On 11/24/2014, the injured worker complained of low back pain, with associated numbness and tingling into his legs and feet, with a varied pain level throughout the day. The injured worker also complained of leg and knee pain. The documentation indicated that pain medication provided a temporary pain relief. The physical examination revealed tenderness in the lumbar spine, along with spasms. The lumbar range of motion was indicated to be within normal limits. The hip and knee exam also indicated that the range of motion for both were also indicated to be within normal values. The injured worker indicated he was currently prescribed pain medication and anti-inflammatory agents. However, he could not recall the names of the medications. His current medications included Relafen 750 mg, Prilosec 20 mg, and tramadol 150 mg. The treatment plan included Relafen 750 mg, Prilosec for gastric prophylaxis, and tramadol for breakthrough pain. A Request for Authorization form was submitted on 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 67 - 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Prilosec 20 mg, #60 with 5 refills, is not medically necessary. According to the California MTUS Guidelines, it is indicated that clinicians should weigh the indications for NSAID agents for both GI and cardiovascular risk factors. The risk assessment should include a thorough evaluation, if the injured worker is over the age of 65; has a history of peptic ulcers, GI bleeding or perforation; has concurrent use of ASAs, corticosteroids, anticoagulants; or is using a high dose/multiple NSAIDs. The California MTUS Guidelines also recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been prescribed Prilosec on 11/24/2014. However, there was a lack of documentation to indicate a gastrointestinal risk assessment to include being over the age of 65, history of GI events, concurrent use of ASAs, corticosteroids, anticoagulants, or using high dose multiple NSAIDs. In addition, there was a lack of documentation to indicate the injured worker was under the treatment of dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, refills would not be warranted, as they do not allow time for reassessment prior to prescribing additional medications. As such, the request is not medically necessary.

Relafin 750 mg, sixty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 67 - 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Relafen 750 mg, #60 with 5 refills, is not medically necessary. According to the California MTUS Guidelines, the use of NSAIDs are recommended for patients with osteoarthritis, including the knee and hip, patients with acute exacerbations of chronic low back pain. The guidelines also recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. In addition, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with GI, cardiovascular, or renovascular risk factors. The injured worker was indicated to have been prescribed Relafen on 11/24/2014. However, there was a lack of documentation to indicate the injured worker had an initial trial of acetaminophen for his mild to moderate pain. In addition, there was a lack of documentation to indicate the injured worker had osteoarthritis, to include the knee and hip. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, refills would not be warranted, as they do not allow time

to wean or reassessment prior to prescribing additional medications. As such, the request is not medically necessary.

Ultram ER 150 mg, sixty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Ultram ER 150 mg, #60 with 5 refills, is not medically necessary. According to the California MTUS Guidelines, ongoing management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend documentation of evidence in regard to monitoring to include a current urine drug screen for review. In addition, the guidelines have recommended 4 domains, indicated as the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. However, there was a lack of documentation to indicate the injured worker is being monitored to include documentation of objective functional improvement, objective decrease in pain, monitoring of side effects, and evidence of monitoring for aberrant drug related behaviors to include a urine drug screen. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, refills would not be warranted, as they do not allow time to wean or reassessment prior to prescribing additional medications. Furthermore, the guidelines indicate that abrupt cessation may bring forth adverse clinical outcomes. Therefore, a weaning protocol should be instituted for Ultram. As such, the request is not medically necessary.