MAXIMUS Federal Services

Case Number:	CM15-0009199		
Date Assigned:	02/09/2015	Date of Injury:	06/07/1999
Decision Date:	03/31/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 46 year old male, who sustained an industrial injury on June 7, 1999. The injured worker has reported low back pain and left knee pain. The diagnoses have included lumbar discopathy with disc displacement, status post lumbar fusion, lumbar radiculopathy and sacroiliac arthropathy. Treatment to date has included pain diagnostic testing, a lumbar fusion and pain medication and creams. Current documentation dated November 29, 2014 notes that the injured worker reported bilateral pain in the sacroiliac joints radiating to both legs with associated numbness and tingling. The pain in the right sacroiliac joint radiates to the right shoulder blade. Physical examination revealed tenderness to palpation over the lumbar paraspinal musculature. Range of motion was decreased secondary to pain and stiffness. There was also tenderness over the bilateral sacroiliac joint joints. Fabere's and Patrick's tests were positive. On December 22, 2014 Utilization Review non-certified a request for Nalfon 400 mg, # 90 and Prilosec 20 mg, # 90 and modified a request for Paxil 20 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Nalfon 400 mg, # 90, Prilosec 20 mg, # 90 and Paxil 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon (fenoprofen) 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Nalfon (fenoprofen) 400mg #90 is not medically necessary.

Paxil (paroxetine hcl) 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: According to MTUS guidelines, Paxil, a selective serotonin reuptake inhibitor is not recommended for chronic pain syndrome including chronic back pain: (SSRIs (selective serotonin reuptake inhibitors). Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain). Therefore, the prescription of Paxil (paroxetine hcl) 20 mg #60 is not medically necessary.

Prilosec (omeprazole dr) 20mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec.There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec (omeprazole dr) 20mg, #90 is not medically necessary.