

Case Number:	CM15-0009806		
Date Assigned:	01/27/2015	Date of Injury:	01/17/2014
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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 47-year-old male who reported an injury on 01/17/2014 after replacing a forklift tire. The injured worker reportedly sustained an injury to his low back with pain that radiated into his right lower extremity. The injured worker's treatment plan included physical therapy, multiple medications, and a TENS unit. The injured worker's diagnoses included pain in limb, generalized pain, intervertebral disc disorder, and lumbosacral radiculopathy. The injured worker's medications were noted to be Anaprox Neurontin, Norflex, Prilosec, and Ultram. The injured worker was evaluated on 12/01/2014. It was noted that the injured worker ambulated with a cane. It was indicated that the injured worker had previously presented to the emergency department for a refill of Norco or tramadol. It was noted that a Request for Authorization for medications was submitted in September. No physical evaluation was documented during that appointment. A Request for Authorization form was submitted on 12/01/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69.

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

Decision rationale: The requested Prilosec 20mg QTY: 360.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are risk for developing gastrointestinal events related to medication usage. The clinical documentation did not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20mg QTY: 360.00 is not medically necessary or appropriate.

Neurontin 300mg QTY: 540.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The requested Neurontin 300mg QTY: 540.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends anticonvulsants such as Neurontin as first line medications in the management of chronic pain. However, continued use should be supported by documented functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review did not provide an adequate assessment of the patient's functional deficits to support the need for medication usage. There was no recent assessment of the injured worker's medication usage and efficacy. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin 300mg QTY: 540.00 is not medically necessary or appropriate.

Anaprox 550mg QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

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

Decision rationale: The requested Anaprox 550mg QTY: 360.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of

nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, continued use of medications should be supported by documented functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide a recent assessment of the injured worker's pain or function related to medication usage. Therefore, ongoing use would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Anaprox 550mg QTY: 360.00 is not medically necessary or appropriate.

Norflex 100mg QTY: 540.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The requested Norflex 100mg QTY: 540.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends short term usage of muscle relaxants in the management of chronic pain. However, a recent assessment of functional deficits and pain that would benefit from the use of this medication was not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norflex 100mg QTY: 540.00 is not medically necessary or appropriate.

Ultram ER QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Ultram ER QTY: 360.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that continued use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, a quantitative assessment of pain relief, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide a recent adequate assessment of the patient's functionality or pain relief resulting from medication usage to support continued use. Additionally, there is no documentation that the patient is monitored for aberrant behavior. Furthermore, the request as it is submitted does not provide a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ultram ER QTY: 360.00 is not medically necessary or appropriate.