

Case Number:	CM15-0015809		
Date Assigned:	02/03/2015	Date of Injury:	08/25/2005
Decision Date:	05/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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 67-year-old male who reported an injury on 08/25/2005. The mechanism of injury involved a fall. The current diagnoses include acquired spondylolisthesis, lumbosacral spondylosis, and sprain of the lumbar region. The injured worker presented on 12/01/2014 for a followup evaluation with complaints of increasing low back pain rated 4/10, as well as left lower extremity weakness. Upon examination, the provider noted decreased sensation in the L5-S1 distribution with 4/5 motor weakness on the left. A previous EMG/NCV reportedly indicated L5-S1 radiculopathy. A prior MRI reportedly indicated severe stenosis at L3-4. The physician recommended a continuation of the current medication regimen and home exercise program. 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:

Retrospective Pantoprazole (Protonix) 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Retrospective Tramadol (Ultram) 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 76-80, 124.

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

Decision rationale: 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. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 03/2014. There is no documentation of objective functional improvement. There was no documentation of a written consent or agreement for chronic use of an opioid. Recent 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.

Retrospective Diclofenac (Voltaren XR) #60 with 3 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state NSAIDs are recommended 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 the second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 03/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Retrospective Cyclobenzaprine (Flexeril) 1 tab bid pm #90 with 3 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has utilized the above medication since at least 03/2014. Guidelines do not support long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.