

Case Number:	CM15-0130489		
Date Assigned:	07/16/2015	Date of Injury:	12/03/2008
Decision Date:	09/23/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 3, 2008. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for tramadol, naproxen, Prilosec, glucosamine-chondroitin, a lumbar support, and a lumbar traction device. The claims administrator referenced a June 3, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 3, 2015, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, right greater than left. The applicant had received two epidural steroid injections, it was reported. The note was very difficult to follow, thinly and sparsely developed, not entirely legible. It was stated that he applicant was apparently using Pepcid for gastritis. The applicant was on naproxen and tramadol for pain relief it was stated toward the top of the note. Permanent work restrictions were renewed. Little-to-no discussion of medication efficacy transpired. The applicant was given a lumbar support and a traction device. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. A historical note of March 12, 2015 also suggested that the applicant had previously experienced issues with dyspepsia/gastritis in the past. A handwritten note of May 19, 2015 was also difficult to follow, not entirely legible, notable for commentary that the applicant continued to report complaints of low back pain radiating to the bilateral lower extremities. Ultram, naproxen, Prilosec, laboratory testing, and an epidural steroid injection were sought while the applicant's

permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, 2 x a day, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram (tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly articulated on multiple progress notes, referenced above. The attending provider's handwritten progress notes of June 3, 2015 and May 19, 2015 failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultram (tramadol) usage. Therefore, the request is not medically necessary.

Naprosyn EC 500mg, 2 x a day, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the handwritten progress notes of June 3, 2015 and May 19, 2015 were difficult to follow, not entirely legible, and did not seemingly incorporate much discussion of medication efficacy insofar as naproxen was concerned. Permanent work restrictions were

renewed, seemingly unchanged from previous visits. It did not appear that the applicant was working with said limitations in place. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request is not medically necessary.

Omeprazole 30mg, 2 x a day, #60 with 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here, on or around the date in question. Introduction, selection, and/or ongoing usage of omeprazole (Prilosec) were indicated to combat the same. Therefore, the request is medically necessary.

Chondroitin 400mg/Glucosamine 500mg, 2 x a day, #90 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Conversely, the request for glucosamine-chondroitin was not medically necessary, medically appropriate, or indicated here. While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine-chondroitin is indicated as an option in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis, here, however, there was no mention of the applicant's having knee pain, complaints and/or issues with knee arthritis evident on the June 3, 2015 or May 19, 2015 progress notes at issue. The applicant's sole pain generator, based on the documentation of those dates, appeared to be the low back. Therefore, the request is not medically necessary.

Lumbar support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Similarly, the request for a lumbar support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 3, 2015, following an industrial injury of December 3, 2008. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request is not medically necessary.

Lumbar traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Finally, the request for a lumbar traction device was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, traction, the article at issue, is deemed 'not recommended' in the evaluation and management of applicants with low back pain complaints, as were present here on or around the date in question, June 3, 2015. The attending provider failed to furnish a clear or compelling rationale for selection of traction in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.