

Case Number:	CM15-0135682		
Date Assigned:	07/23/2015	Date of Injury:	05/09/2009
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

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 44-year-old female with an industrial injury dated 05/06/2009. Her diagnoses included lumbar 4-5 and lumbar 5-sacral 1 herniated nucleus pulposus and status post lumbar 4-5 and lumbar 5-sacral 1 posterior lumbar interbody fusion. Prior treatment included medications. She presents on 04/20/2015 for follow up of ongoing chronic low back pain, which she rates as 9/10. She also has burning pain in buttocks, hips and bilateral legs rated as 9/10. She states that Hydrocodone and muscle relaxer helps but Tramadol did not help with pain. Physical exam of the lumbar spine noted midline tenderness to the lumbar spine. Range of motion was decreased with some spasm upon forward flexion and extension, which is reduced. Work status: part time with no heavy lifting and no repetitive bending, twisting and stooping. Treatment plan included medications, acupuncture and aqua therapy. The treatment request is for: Retrospective (Dispensed: 4/20/15) Ultracet 37.5/325 mg, one PO every 6-8 hours PRN (as needed), Quantity 60-Retrospective (Dispensed: 4/20/15) Prilosec 20 mg, one PO (by mouth) BID (twice daily) PRN (as needed) Quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Dispensed: 4/20/15) Prilosec 20mg, one PO BID PRN Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in May 2009 and continues to be treated for chronic back pain. Medications include tramadol, which is referenced as helping. When seen, pain was rated at 9/10. The assessment references no changes in past medical history since the original report in July 2014, which was not included in the documents reviewed. Physical examination findings included a BMI of over 42. There was midline and bilateral paraspinal muscle tenderness. There was decreased lumbar spine range of motion with muscle spasms. There was pain with straight leg raising and decreased lower extremity sensation. Norco, Ultracet, Cyclobenzaprine, and Prilosec were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec (Omeprazole) was not medically necessary.

Retrospective (Dispensed: 4/20/15) Ultracet 37.5/325mg, one PO q6-8h PRN Qty 60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in May 2009 and continues to be treated for chronic back pain. Medications include tramadol, which is referenced as helping. When seen, pain was rated at 9/10. The assessment references no changes in past medical history since the original report in July 2014, which was not included in the documents reviewed. Physical examination findings included a BMI of over 42. There was midline and bilateral paraspinal muscle tenderness. There was decreased lumbar spine range of motion with muscle spasms. There was pain with straight leg raising and decreased lower extremity sensation. Norco, Ultracet, Cyclobenzaprine, and Prilosec were prescribed. Ultracet (Tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.