MAXIMUS Federal Services

Case Number:	CM15-0138152		
Date Assigned:	07/28/2015	Date of Injury:	07/14/2014
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 52-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of July 14, 2014. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for Relafen and Prevacid. The claims administrator referenced a June 24, 2015 RFA form and an associated progress note of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 24, 2015 RFA form, Relafen, Prevacid, Zofran, Flexeril, and tramadol were endorsed, seemingly without any supporting commentary. On July 15, 2015, the applicant was asked to continue unspecified medications on the grounds that said medications were helping. 8/10 low back and hip pain complaints were reported. The applicant was returned to regular duty work. It was not stated whether the applicant was in fact working or not, however. The applicant was asked to consult a hip specialist. A June 17, 2015 progress note likewise did not incorporate any discussion of medication efficacy. 8/10 low back pain complaints were noted, exacerbated by lifting, bending, twisting, pushing, pulling, standing, walking, etc. Medications were refilled under separate cover. The attending provider did not allude to the medications by name but suggested they were helping. In a June 2, 2015 order form, Relafen, Prevacid, Zofran, and tramadol were endorsed through preprinted checkboxes, without any supporting rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, is 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 Relafen 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 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, progress notes of July 15, 2015 and June 17, 2015 made no mention of the need for Relafen. Relafen was not explicitly mentioned by name in either progress note. While the attending provider d stated in one section of his note that ongoing usage of unspecified medications, including Relafen, was helpful, the attending provider also stated, somewhat incongruously, on June 17, 2015, that the applicant's pain complaints were scored at 8/10 and that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, pushing, and pulling. A clear, compelling discussion of medication efficacy was not, in short, furnished here. Therefore, the request is not medically necessary.

120 Prevacid 30mg: Upheld

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

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

Decision rationale: Similarly, the request for Prevacid, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prevacid are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on progress notes of June 17, 2015 or July 15, 2015. Therefore, the request is not medically necessary.