

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0143275 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 02/17/2006 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on February 17, 2006. Treatment to date has included opioid medications, anti-depressants, and compound medications. Currently, the injured worker complains of continued low back pain extending from the bilateral sacroiliac joint and radiating into the bilateral lower extremities. The bilateral leg pain is associated with numbness and tingling. The injured worker reports that the low back pain radiates to the midback as well. His pain is aggravated with bending, twisting or direct pressure over the sacroiliac joint. His medications include Nalfon, Paxil, Prilosec, Ultram ER, morphine, Norco and Soma. On physical examination the injured worker uses a cane for assistance with ambulation and has tenderness to palpation over the lumbar paraspinal muscles. He has decreased lumbar range of motion related to pain and stiffness. Supine straight leg raise test is positive bilaterally and he has positive tenderness to palpation over the bilateral sacroiliac joint. Fabere and Patrick's tests are positive. He exhibits normal motor strength in the bilateral upper and lower extremities. His sensation to light touch and pinprick are diminished in the bilateral S1 dermatomal distribution. The diagnoses associated with the request include lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac sprain. The treatment plan includes continuation Nalfon, Paxil, Prilosec, Ultram ER, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 18.

Decision rationale: According to the guidelines, SSRIs are recommended for major depression and PTSD. Paxil is an SSRI. In this case, the depression response and specific details were not provided. The claimant was on Paxil for several months. Depression questionnaires or behavioral interventions were not noted. The continued use of Paxil was not justified and is not medically necessary.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Ultram extended release 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores were not noted. The claimant had been on NSAIDS and Morphine along with Ultram ER. The Ultram ER

exceeded the recommended dose of 300 mg daily. The continued use of Tramadol (Ultram) ER as above is not medically necessary.