

Case Number:	CM15-0167885		
Date Assigned:	09/08/2015	Date of Injury:	01/03/2006
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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, 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 39 year old male who sustained an industrial injury on 1-3-06. He had left foot pain. He required multiple surgeries and partial amputation of two toes. Treatments include: medication, physical therapy, water therapy, orthotics, injections and surgery. Progress report dated 7-31-15 reports follow up evaluation of low back and left foot. He is in need of medication refill. Norco and Cymbalta bring his pain level down from 10 out of 10 to a 4 out of 10. He is able to walk longer periods. He uses a cane for assistance with walking. Diagnoses include: left foot pain with concomitant RSD, low back pain, facet changes at L5-S1 with severe impingement of L5 nerve root, right disk extrusion at L2-L3 with moderate foraminal narrowing and possible impingement of L2 nerve root and multilevel degenerative spondylosis. Plan of care includes: continue current medications, prescriptions written for Norco 10-325 mg, #180, prescriptions already given by pain management for Cymbalta, Terazosin, Meloxicam, Valium and Prilosec. Work status: no lifting over 20 pounds, no frequent bending, stooping and can only handle sedentary work. Follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin 10mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date Online, Hypertension.

Decision rationale: Regarding the request for this anti-hypertensive and BPH treatment, California MTUS guidelines and ODG do not contain criteria for the use of this medication. A search of an evidence-based online database indicates that this is indicated in the management of mild-to-moderate hypertension; alone or in combination with other agents such as diuretics or beta-blockers. For the treatment of benign prostate hyperplasia. Within the documentation available for review, there is no indication that the patient has a diagnosis of hypertension or benign prostate hyperplasia. Furthermore, it does not appear that the patient has had adequate workup for the diagnosis of hypertension. As such, this request was not medically necessary.

Meloxicam 15mg #30, 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that this medication is providing any specific analgesic benefits and helping with functional improvement. Given this, the current request is medically necessary.

Valium 10mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is documentation of objective functional improvement as a result of the use of the medication. However, it does not appear that this medication is prescribed for short term use as recommended by guidelines. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the

current request to allow tapering. In the absence of such documentation, the currently requested Valium (Diazepam) is not medically necessary.

Prilosec 20mg #60, 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to Meloxicam use. As such, the currently requested Omeprazole (Prilosec) is medically necessary.