

Case Number:	CM15-0212706		
Date Assigned:	11/02/2015	Date of Injury:	10/06/2011
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

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 47 year old male, who sustained an industrial injury on 10-6-11. Current diagnoses or physician impression includes discogenic lumbar, left sacroiliac joint pain, lumbar degenerative disc disease, lumbar facet joint arthropathy, moderate left neural foraminal stenosis (L5) and post lumbar laminectomy syndrome. The injured worker is not currently working. Notes dated 9-25-15 and 10-2-15 reveals the injured worker presented with complaints of low back pain and spasms that radiates to his left buttock described as stiffness, achy and stabbing and is rated at 7 out of 10. He reports difficulty with prolonged standing and walking, lifting greater than 30 pounds, bending, squatting and walking on uneven surfaces and weakness below his knees. He reports decreased stamina for washing dishes, doing laundry and grocery shopping (he does not load groceries in the car). Physical examinations dated 9-25-15 and 10-2-15 revealed decreased lumbar spine range of motion. There is tenderness across the lumbar paraspinal muscles, facets and pain with facet loading. The lumbar discogenic provocative maneuvers were positive bilaterally and the Gaenslen's, Patrick's maneuver, sacroiliac compression, pressure at the sacral sulcus were positive on the right. Treatment to date has included medications; Pantoprazole (3-2015), Tramadol ER (3-2015), Voltaren (8-2015), Trazodone, Gabapentin, Effexor; physical therapy did not provide much benefit per note dated 8-21-15; psychotherapy, lumbar spine surgery and activity modifications. Diagnostic studies include lumbar spine MRI, urine toxicology screen and electrodiagnostic studies. A request for authorization dated 9-25-15 for Pantoprazole 20 mg #60, Tramadol ER 150 mg #30 and Voltaren 100 mg #30 is non-certified, per Utilization Review letter dated 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Pantoprazole 20 mg #60: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Pantoprazole is not medically necessary.

1 prescription of Tramadol ER 150 mg #30: 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): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

1 prescription of Voltaren 100 mg #30: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Voltaren is not medically necessary.