MAXIMUS Federal Services

Case Number:	CM15-0223557		
Date Assigned:	11/19/2015	Date of Injury:	07/29/2015
Decision Date:	12/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/13/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old male, who sustained an industrial injury on 7-29-2015. The injured worker was being treated for lumbar radiculopathy, low back pain, obesity, and lumbago. The injured worker (8-19-2015) reported ongoing left hip and back pain. The medical records (8-19-2015) did not include documentation of the subjective pain ratings. The physical exam revealed a large body habitus, difficult exam, and a positive left straight leg raise. The injured worker (9-25-2015) reported neck, right shoulder, left fingers, mid back, low back, left leg, and left ankle. He (9-25-2015) rated his pain as 8-10 out of 10, 8 out of 10 at best, 10 out of 10 at worst, and average pain in the last week as 9 out of 10. The physical exam (9-25-2015) revealed lumbar forward flexion of 45 degrees, extension of 5 degrees, and bilateral side bending of 10 degrees. The treating physician noted limited rotation and tenderness to palpation over the bilateral lumbar paraspinal muscles. Per the treating physician (9-25-2015 report), an opioid pain contract was signed and a urine drug screen performed on this date had preliminary results that were negative for all substances tested with the quantitative analysis pending. The urine drug screen (9-25-2015) indicates posterior results for Tramadol and Des-Tramadol. Treatment has included physical therapy, crutches, work and activity modifications, and medications including pain (Tramadol ER since at least 9-2015) and non-steroidal anti-inflammatory (Ibuprofen and Naproxen). Per the treating physician (9-25-2015 report), the injured worker was currently working full time. On 10-1-2015, the requested treatments included Tramadol ER 150mg, Nabumetone 500mg, and Prilosec 20mg. On 10-7-2015, the original utilization review non-certified requests for Tramadol ER 150mg, Nabumetone 500mg, and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This 45 year old male has complained of low back pain, hip pain, shoulder pain and ankle pain since date of injury 7/29/2015. He has been treated with physical therapy and medications to include opiods since at least 07/2015. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not medically necessary.

Nabumetone 500mg PO QD-BID #60: Upheld

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

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

Decision rationale: This 45 year old male has complained of low back pain, hip pain, shoulder pain and ankle pain since date of injury 7/29/2015. He has been treated with physical therapy and medications to include Nabumetone since at least 07/2015. The current request is for Nabumetone. Per the MTUS guideline cited above, NSAIDS are recommended for short-term (2- 4 week) use only. The current treatment duration at the time of request exceeds the recommended treatment period. On the basis of the available medical records and per the MTUS guidelines cited above, Nabumetone is not medically necessary.

Prilosec 20mg PO BID #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: This 45 year old male has complained of low back pain, hip pain, shoulder pain and ankle pain since date of injury 7/29/2015. He has been treated with physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. On the basis of the available medical records and per the MTUS guidelines cited above, Prilosec is not medically necessary.