

Case Number:	CM15-0032814		
Date Assigned:	02/26/2015	Date of Injury:	11/03/2010
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Washington

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 63-year-old male who reported an injury on 11/03/2010. The mechanism of injury was unspecified. His diagnoses include L4-5 and L5-S1 disc herniation, chronic back pain, and left S1 radiculopathy. His past treatments included pain management, medications, physical therapy, and diagnostic studies. On 02/02/2014, the injured worker complained of persistent increasing pain and stiffness to his lumbar spine that radiates to the left lower extremity with associated numbness, tingling, and weakness. The physical examination revealed decreased range of motion and tenderness to palpation over the paraspinal region with spasms. The injured worker noted that he continued to utilize his symptomatic medications as needed and directed and denied any new or further injuries. The treatment plan included medical consultation, medications, physical therapy, pain management, injections, and diagnostic studies. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5mg #30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. A weaning schedule is recommended for implementation due to long term use of tramadol. The injured worker was indicated to have been on tramadol for an unspecified duration of time. However, there was a lack of documentation upon physical examination in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects and aberrant drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Prilosec 20mg #30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: According to the California MTUS Guidelines, an assessment is needed for patients at risk for gastrointestinal events: (1) age greater than 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. It is also indicated for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been using Prilosec for an unspecified duration of time. However, there was a lack of documentation upon physical examination to indicate the injured worker had undergone an assessment to identify risk for gastrointestinal events. There was also lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Naproxen Sodium 550mg #60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are indicated for osteoarthritis including knee and hip. In addition, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Patients should also have had an initial therapy of acetaminophen for mild to moderate pain. The injured worker was indicated to have been utilizing Naprosyn for unspecified duration of time. However, there was lack of

documentation upon physical examination indicating the injured worker had osteoarthritis or had undergone initial therapy of acetaminophen for treatment of the mild to moderate pain. Furthermore, the guidelines recommend the use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.