

Case Number:	CM15-0036394		
Date Assigned:	03/04/2015	Date of Injury:	01/20/2000
Decision Date:	04/14/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 71 year old male, who sustained an industrial injury on 01/20/2000. The diagnoses have included degeneration lumbar disc. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 01/09/2015, the injured worker presented with complaints of persistent low back pain. The treating physician reported the urine review screen was negative for entities including opiates however, the injured worker does not use his medication buprenorphine every day. Utilization Review determination on 01/31/2015 non-certified the request for Naproxen 500mg #20, Tramadol 50mg #30, Pantoprazole 20mg #20, and Topamax-Topiramate 25mg #40 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: Guidelines recommend NSAIDs for short term use at the lowest possible dose to prevent or lower the risk of complications. However, they are considered second line treatment after acetaminophen for chronic pain. The medical records do not document the length of time the patient has trialed NSAIDs. Thus the medical necessity of Naproxen has not been demonstrated.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

Decision rationale: Guidelines state that patients on opioids should undergo ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the clinical records do not describe the patient's response, functional status and ongoing monitoring. Thus, the request for Tramadol 50 mg #30 is not medically necessary and appropriate.

Pantoprazole 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, complications Page(s): 67.

Decision rationale: Guidelines state that a PPI is recommended for patients at risk for gastrointestinal events. Guidelines recommend first line treatment with omeprazole or lasoprazole before treatment with pantoprazole. In this case, there is no documentation of failed first line therapy. Thus, the request for pantoprazole 20 mg #20 is not medically necessary and appropriate.

Topamax-Topiramate 25mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topiramate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: Guidelines state that topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It may be considered for use when other anticonvulsants fail. In this case, there is no documentation that other anticonvulsants have failed. Thus, medical necessity of topiramate has not been established and the request for topiramate 25 mg is not medically necessary and appropriate.