

Case Number:	CM15-0044324		
Date Assigned:	03/16/2015	Date of Injury:	12/04/2001
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 sustained an industrial injury dated 12/04/2001, 03/05/2002, and 03/06/2001. The only prior treatment documented is medications managements. He presented on 11/06/2014 with complaints of low back pain and stiffness with occasional radiation to his legs. He notes functional improvement and pain relief with the medication. Physical exam noted tenderness in the lower lumbar paravertebral musculature. Diagnosis includes intermittent lumbar radiculopathy, status post right shoulder arthroscopy, subacromial decompression, with residuals and unspecified psychological diagnosis. The provider notes although the patient is symptomatic, his symptoms are manageable with the adjunct of the medication. The provider requested refill of his medications. There was no recent clinic evaluation report provided. A Utilization Review determination was rendered recommending non certification for Ultram 60mg #60 2 refills, Prilosec 20mg #30 2 refills, Voltaren 75mg #60 2 refills and Ultracin Lotion 120grams 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 60mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The guidelines recommend that patient be evaluated regularly for continual requirement for analgesics and to ensure compliance and absence of adverse effect. The records did not show any recent clinic record for the patient. The records provided did not show the guidelines required documentation of compliance monitoring including UDS, Pills counts, CURES reports and functional restoration. The criteria for the use of Ultram 60mg #60 2 refills was not met. Therefore, the requested treatment is not medically necessary.

Prilosec 20mg #30 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastrointestinal complication in the elderly and patients with a history of gastric disease. The records indicate that this 63 year old is on chronic NSAIDs medications for the treatment of musculoskeletal pain. The patient was noted to be compliant with medications management. The criteria for the use of Prilosec 20mg #30 2 refills was met. Therefore, the requested treatment is medically necessary.

Voltaren 75mg #60, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73.

Decision rationale: The CA MTUS recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the risk of cardiovascular, renal and gastrointestinal complications. The records indicate that he had reported functional restoration with the use of NSAIDs. There was no reported adverse medication effect. The criteria for the use of Voltaren 75mg #60 2 refills was met. Therefore, the requested treatment is medically necessary.

Ultracin Lotion 120grams w/2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant. The records did not indicate subjective or objective findings consistent with neuropathic pain such as CRPS. The guidelines recommend that patient with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications with analgesic actions. There is no documentation of failure of the first line medications. The criteria for the use of Ultracin lotion 120grams with 2 refills was not met. Therefore, the requested treatment is not medically necessary.