

Case Number:	CM15-0081142		
Date Assigned:	05/01/2015	Date of Injury:	03/05/2003
Decision Date:	06/09/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 43-year-old female, who sustained an industrial injury on 3/5/03. The injured worker was diagnosed as having sprain/strain of the lumbar region and other chronic pain. Treatment to date has included use of a wheelchair and medications. On the most recent record dated 3/19/2015, the injured worker was noted to have bilateral peripheral edema. The pain was noted to be worse. There was no detail musculoskeletal or neurological examinations or medications utilization documented. The treating physician requested authorization for Pramipexole 0.25mg #60, Omeprazole 20mg #60 with 1 refill and Meloxicam 7.5mg #90 with 2 refills. The medications listed by WC are clonazepam, gabapentin, Skelaxin, Norco, Tramadol and pramipexole (Mirapex) is unclear which medications are currently being utilize because many were being authorized by Medicare- the secondary insurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramipexole 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21, Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS and the ODG guidelines did not address the use of pramipexole. The FDA indications for the use of pramipexole include the treatments of Parkinsonism and restless leg syndrome. The records did not specify the indications of duration of use for the pramipexole medications. There is no documentation of compliance or functional restoration associated with the use of pramipexole. The criteria for the use of pramipexole 0.25mg #60 is not medically necessary.

Omeprazole 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastrointestinal complication in the elderly and patients with significant gastrointestinal complications. The records did not show that the patient had a history of gastrointestinal disease or NSAIDs induced gastritis. The guidelines recommend that the lowest possible doses of NSAIDs be utilized for the shortest time periods to minimize the risks of NSAIDs induced complications. The criteria for the use of omeprazole 20mg #60 with 1 refill is not medically necessary.

Meloxicam 7.5mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications especially in the elderly and patients with significant gastrointestinal disease. The guidelines recommend that the lowest possible doses of NSAIDs be utilized for the shortest time periods to minimize the risks of NSAIDs induced complications. The records did not show the duration of the use of NSAIDs. There is no documentation of efficacy or functional restoration with the use of NSAIDs. The requested dosage was for a total of 9 months medication supply without intervening re-evaluations to for efficacy or complication. The criteria for the use of meloxicam 7.5mg #90 with 2 refills is not medically necessary.

