

Case Number:	CM14-0101430		
Date Assigned:	09/16/2014	Date of Injury:	03/11/2010
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 medical records reflect the injured worker is a 44 year old male who sustained a work related injury on 3-11-10. The injured worker has severe radicular back pain. The injured worker is currently being treated with medications and the use of a SCS. The injured worker has low back pain and leg pain. He has gastritis with medications and uses Protonix. The injured worker is seen by a clinical psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers Page(s): 63-67.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines (ODG) does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, this request is not medically necessary.

1 prescription of Hydrocodone Bit/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines (ODG) notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the injured worker has functional improvement with this medication. Quantification of improvement, if any or any documentation that this medication improves psychosocial functioning or that the injured worker is being monitored as required. Therefore, the request is not medically necessary.

1 prescription of Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI effects.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that Proton-pump inhibitors (PPI) are indicated for patients with intermediate or high risk for GI events. The injured worker reports gastritis due to medications. However, the medications are not indicated and the use of this medication is not reasonable or medically indicated. Therefore, this request is not medically necessary.