MAXIMUS Federal Services

Case Number:	CM14-0110684		
Date Assigned:	08/01/2014	Date of Injury:	03/02/2012
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 Nevada. 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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on March 2, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 19 2014, indicates that there are ongoing complaints of low back pain and right shoulder pain. The physical examination demonstrated tenderness along the lumbar spine and a positive bilateral straight leg raise. There was muscular weakness of 4+/5 with the extension and 4-/5 with ankle dorsiflexion and EHL extension. There was decreased sensation in the bilateral L4 and L5 nerve distributions. Additional physical therapy was recommended. Diagnostic imaging studies objectified and L3 - L4 and L4 - L5 disc herniation. Previous treatment includes physical therapy, lumbar epidural steroid injections, and oral medications. A request had been made for Ultram, Prilosec, and a functional capacity evaluation and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 15 mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California MTUS guidelines support the use of "Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication." A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity evaluation Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, fitness for duty, FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines "a functional capacity evaluation is recommended if there have been prior unsuccessful return to work attempts or the individual is close to wear at maximum medical improvement." The attached medical record does not indicate that the injured employee has had prior unsuccessful attempts at returning to work in the most recent progress note dated May 19 2014, recommends additional treatment to include physical therapy. As such, this request for a functional capacity evaluation at this time is not medically necessary.

Prilosec 20 mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.