

Case Number:	CM14-0144640		
Date Assigned:	09/12/2014	Date of Injury:	10/10/2002
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/06/2014

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 Emergency Medicine 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 injured worker is a 47-year-old male who reported an injury on 10/10/2002 due to an unknown mechanism. Past treatments were medications, physical therapy, back support, TENS unit, and epidural steroid injections. Diagnoses were discogenic cervical condition, status post 1 epidural injection a long time ago; status post facet injection right and left on midline at the C4-5 and C6-7; discogenic lumbar condition, status post fusion at the L4-5 and L5-S1; status post facet injection at the L1-2 and L2-3 to the right and left and radiofrequency to those levels; and chronic pain syndrome. Physical examination on 08/29/2014 revealed the injured worker does not work. It was reported that the wife does all of the chores. Pain wakes up the injured worker at least twice a night. He also admitted to feeling depressed at times due to chronic pain that decreases his ability to do tasks. The injured worker had a history of hypertension and is currently on 2 hypertensives. Neck flexion was to 25 degrees and extension was to 20 degrees. Lumbar flexion was to 45 degrees and extension was to 15 degrees. The treatment plan was for epidural steroid injections or frequency nerve ablation. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Nalfon 400mg #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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request for 1 Prescription Nalfon 400 mg #60 is not medically necessary.

1 Prescription Ultracet 37.5mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management, Page(s): 82,93,94,113, 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The Medical Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. The injured worker did not report pain on a VAS (visual analog scale). The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request for 1 Prescription Ultracet 37.5 mg #60 is not medically necessary.

1 Prescription Trazodone 50mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment and the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The efficacy of this medication was not reported.

Also, the request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request for 1 Prescription Trazodone 50 mg #60 is not medically necessary.

1 Prescription Protonix 20mg #60: Upheld

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

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

Decision rationale: Per MTUS: Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs ok (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request for 1 Prescription Protonix 20 mg # 60 is not medically necessary.