

Case Number:	CM14-0173605		
Date Assigned:	10/24/2014	Date of Injury:	02/19/2014
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker (IW) reported development of persistent low back pain radiating into the lower extremity following lifting boxes of paper on 02/19/14. 03/27/14 lumbar MRI revealed mild degenerative disc changes at L4-5 and L5-S1. There was mild lateral recess stenosis bilaterally at L4-5 near the L5 nerve roots, but no evidence of central canal or neural foraminal stenosis was identified. Treatment to date has included medications, physical therapy, chiropractic treatments, work restrictions, and lumbar support. IW has been determined not to be a candidate for surgery. No injections are documented. After initial return to regular duty IW experienced an exacerbation of low back pain. He has not returned to work since that time due to lack of available light duty. In a 07/10/14 Permanent & Stationary evaluation, the primary treating physician (PTP) recommended future medical care including anti-inflammatory medications, muscle relaxants, and medications for neuropathic pain. 09/29/14 office note stated that IW reported at least 30% pain relief with Anaprox DS (naproxen) 550 mg twice daily, with improved ability to perform activities of daily living. A history of gastroesophageal reflux disease (GERD) was noted, and this had been exacerbated by NSAID use. The proton pump inhibitor (PPI) Prilosec (omeprazole) was prescribed. What appears to be the initial Rx for Ultram ER (tramadol extended release) was prescribed. Previous notes documented unspecified improvement with previous use of immediate-release tramadol/APAP, and with hydrocodone/APAP. Symptomatic or functional response to a trial of Ultram ER is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI Symptoms & Cardiovascular Risk Page(s).

Decision rationale: MTUS recommends NSAIDs for short-term symptomatic relief of chronic low back pain, and as a second-line (after acetaminophen) option for treatment of acute exacerbations of chronic low back pain. MTUS recommends use of NSAIDs for treatment of osteoarthritis at the lowest dose for the shortest period. The current request is for a 6 month supply of Anaprox. MTUS does not support continuous, long-term use of NSAIDs, and notes potential for adverse gastrointestinal, renal, and hepatic effects with NSAID use. Medical necessity is not established for the requested 6 month supply of Anaprox.

Prilosec 20mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and SSRIs Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, accessed through National Guidelines Clearinghouse (www.guideline.gov) website: Am J Gastroentero. 2013 Mar; 108(3):308-28. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Katz PO, Gerson LB, Vela MF

Decision rationale: PTP has documented a history of GERD, as well as an exacerbation of gastrointestinal symptoms associated with use of oral NSAID. Concerning treatment of dyspepsia secondary to NSAID therapy, MTUS recommends: "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Use of a PPI is reasonable due to documented gastrointestinal side effects associated with NSAID use in this case. Although long-term NSAID use is not supported, a six month course of Prilosec is reasonable in order to promote healing. Medical necessity is established for the requested Prilosec 20 mg #360.

Ultram ER 150mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The requested 6 month supply of Ultram ER is inconsistent with MTUS recommendations concerning use of opioids for chronic pain. Failure of non-opioid pain medications is not documented: there has been no documented trial of medications for neuropathic pain. Assessment of function using a validated instrument or numeric rating scale is not documented. No previous psychosocial assessment is documented. MTUS recommends documentation of monitoring of chronic patients for the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), and recommends discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances. Since there is no documentation of response to Ultram ER, medical necessity is not established for a six month supply of this medication per MTUS criteria.