

Case Number:	CM14-0177586		
Date Assigned:	10/31/2014	Date of Injury:	05/29/2012
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 16, 2014, the claims administrator retrospectively denied a request for Relafen and Prilosec. The applicant's attorney subsequently appealed. In a September 15, 2014 progress note, it was stated that the applicant had developed derivative complaints of depression secondary to various pain complaints. The applicant was placed off of work, on total temporary disability, owing to secondary issues with depression and anxiety. In a September 24, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant's medication list included Norco, Relafen, Zoloft, Ambien, and Zanaflex. The applicant was given a two-month supply of Norco, Relafen, Flexeril, Ambien, Zanaflex, and Lidoderm. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said permanent limitations in place. In an earlier noted dated June 3, 2014, the attending provider posited that the applicant's pain complaints had dropped from 9/10 without medications to 5/10 with medications. The applicant stated that Prilosec had alleviated symptoms of Relafen-induced reflux. The attending provider posited that the applicant's combination of medications was somewhat effective. Permanent restrictions were again renewed, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option of treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has, furthermore failed to demonstrate any lasting benefit or functional improvement with ongoing Relafen usage. The fact that the applicant remains off of work, coupled with the fact that permanent work restrictions are renewed, seemingly unchanged, from visit to visit; likewise do not make a compelling case for continuation of Relafen. Ongoing usage of Relafen has failed to curtail the applicant's dependence on opioids such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f with ongoing Relafen usage. Therefore, the request is not medically necessary.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in applicants who develop issues with NSAID-induced dyspepsia. In this case, the applicant did report issues with Relafen-induced dyspepsia, which the attending provider posited has been ameliorated through ongoing Prilosec usage. Therefore, the request is medically necessary.