

Case Number:	CM14-0178851		
Date Assigned:	11/03/2014	Date of Injury:	06/02/2010
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional Spine 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 injured is a 36 year old male with an injury date of 06/02/10. Based on the 07/26/14 progress report provided by [REDACTED] the injured worker complains of lower back pain rated 7-9/10 that radiates to upper back and down his lower extremities. Physical examination to the lumbar spine revealed tenderness to palpation of bilateral paraspinal muscles. Range of motion was painful and limited. Positive Straight Leg Raise test. Injured worker is currently working. Injured worker's medications include Omeprazole, Gabapentin, Tramadol and Tylenol, per progress report dated 04/22/14. Medrol Dose Pak was prescribed in progress report dated 06/06/14. Magnetic resonance imaging (MRI) of the Lumbar Spine 04/23/13:- L2-3: trace right neural foraminal narrowing- L3-4: mild facet hypertrophy has progressed and there is mild neural foraminal narrowing bilaterally. Diagnosis 06/06/14:- lumbar herniated nucleus pulposus-lumbar radiculopathy The utilization review determination being challenged is dated 09/30/14. The rationale follows: 1) Medrol Dose Pak: "no clear-cut signs of radiculopathy" 2) Gabapentin 600mg: "no evidence of neuropathic pain" 3) Omeprazole 40mg: "no immediate risk for gastrointestinal events" 4) Tramadol 50mg: "no decrease in pain or increase in function. No urine drug screen" [REDACTED] is the requesting provider and he provided treatment reports from 07/01/13 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Corticosteroids.

Decision rationale: ODG-TWC: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Corticosteroids (oral/parenteral/IM for low back pain): Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. The injured worker presents with low back pain that radiates to his lower extremities. He has a diagnosis of lumbar radiculopathy and a positive straight leg raise test on examination. However, MRI of the lumbar spine shows MILD neural foraminal narrowing bilaterally at L3-4 and TRACE right neural foraminal narrowing at L2-3, which do not corroborate with physical exam for clear cut signs and symptoms of radiculopathy. Furthermore, treating physician has not documented effectiveness of Medrol Dose Pak in progress reports following prescription date of 06/06/14, and injured worker does not present with ACUTE radicular pain, as indicated by ODG. The request for Medrol Dose Pak is not medically necessary.

Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone , generic available), Page(s): 18, 19.

Decision rationale: MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone , generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin is included in list of injured worker's prescribed medications per progress report dated 04/22/14. The treating physician does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there is no documentation of neuropathic pain presented in injured worker. Request does not meet MTUS indications. The request for Gabapentin 600mg is not medically necessary.

Omeprazole 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors.

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

Decision rationale: Regarding NSAIDs and GI Symptoms and Cardiovascular Risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, : Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the injured worker is not on oral NSAIDs to consider PPI for prophylactic use. Reviews of the reports do not show evidence of gastric problems that would require treatment with PPI's. Treating physician does not indicate how the injured worker is doing and why he needs to continue when it's been almost 6 months from the UR date of 09/30/14. Given the lack of documentation of continued need for this medication, the request for Omeprazole 40mg is not medically necessary.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how Tramadol reduces pain and significantly improves the injured worker's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request for Tramadol 50mg is not medically necessary.