

Case Number:	CM14-0092472		
Date Assigned:	08/04/2014	Date of Injury:	07/10/2013
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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:

This patient is a 40 year old male who has developed persistent low back pain subsequent to an injury 7/10/13. He has low back pain radiating into the left leg. Electrodiagnostic studies are consistent with a chronic left S1 radiculopathy. An MRI performed on 9/20/13 revealed an L4-5 disc extrusion with nerve root impingement. He has been treated with Chiropractic and Physical therapy. No muscle spasm is reported. He is currently managed with oral analgesics and has returned to full duties. The narratives sent for review are limited. The latest narrative from the treating physician sent for review is dated 1/6/14. This narrative states that medications are discussed and requested under a separate cover. The separate cover, was not sent for IMR review. It was apparently available for Peer Review as was a treating physicians narrative dated 4/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #120: Overturned

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

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

Decision rationale: MTUS Guidelines note the weak evidence for long term NSIAD (non-steroidal anti-inflammatory drugs) use for chronic low back pain. However the Guidelines do not recommend that they should not be utilized, particularly for flare-ups. The fact the the patient is obtaining adequate pain relief to return to work supports the benefits of use adequately enough to meet Guideline standards. The Naproxyn 550mg #120 is medically necessary.

Omeprozole20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI risk Page(s): 68.

Decision rationale: MTUS Guidelines support the use of proton pump inhibitors if there are specific GI risk factors or gastric upset from NSAID's. The documentation sent for review does not include any information that documents GI risk stratification or side effect. In addition, it appears that the medication is being dispensed and twice the usual dose i.e. 40mg. (# 2 20mg per day). MTUS Guidelines recommends 20mg per day if the Omeprozole is utilized secondary to long term NSAID use. The Omeprozole 20mg #120 is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Chronic Pain; Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ondansetron.html>.

Decision rationale: MTUS Guidelines do not address this specific drug, however it's FDA approved use is for post operative nausea and chemotherapy related nausea. Routine use for nausea related to mediations is not recommended. The Peer Review note stated that is was being use for nausea from headaches, however there was no documentation of headpain in relationship to the low back pain and it is not recommended for use under these circumstances. The Odansterone 8mg #30 is not medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: MTUS Guidelines do not support the daily long term use of muscle relaxants for chronic low back pain. Short term use for defined flare-ups is consistent with

Guidelines, but it appears that the Orphenadrine is dispensed or prescribed for chronic daily use. There are no unusual circumstances documented that would justify an exception to Guideline recommendations. The Orphenadrine Citrate #120 is not medically necessary.

Tramadol ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: MTUS Guidelines support the appropriate use of Opioids if there is pain relief and functional benefits. One of the strongest measures of function is returning to work which this patient has. Guidelines specifically support use under this patient's circumstances. The Tramadol ER 150mg #90 is medically necessary.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus Lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical Lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.