MAXIMUS Federal Services

Case Number:	CM14-0097279		
Date Assigned:	09/16/2014	Date of Injury:	06/11/1998
Decision Date:	10/21/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/25/2014

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 & Rehabilitation, 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 worker is a 53-year-old male who reported an injury on 06/11/1998. The mechanism of injury was not stated. Current diagnoses include lumbar fusion, history of nucleoplasty at L5-S1 in 05/2004, history of irritable bowel syndrome, and TMJ dental problem. Previous conservative treatment is noted to include medication management. The current review is for the prescription medications dispensed on 05/28/2014. However, there was no physician progress report submitted on the requesting date. The injured worker was evaluated on 07/23/2014 with complaints of persistent low back pain. Physical examination revealed ongoing tenderness in the lumbar spine with decreased range of motion. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization was submitted on 08/05/2014 for Norco 120/325 mg, tramadol 50 mg, Xanax 1 mg, Relafen 750 mg, Prilosec 20 mg, Colace 100 mg, Zanaflex 4 mg, Neurontin 800 mg, and Zoloft 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective Date Of Service: 5/28/2014)Tramadol 50 mg QTY: 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014. There was no physician progress report submitted on the requesting date of 05/28/2014. There was no documentation of a significant change in the injured worker's physical examination that would indicate functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

(Retrospective Date Of Service: 5/28/2014)Xanax 1mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bendodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized this medication since 01/2014. Guidelines do not recommend long term use of benzodiazepines. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

(Retrospective Date Of Service: 5/28/2014)Relafen 750mg QTY. 120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized this medication since 01/2014. Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically necessary.

(Retrospective Date Of Service: 5/28/2014)Prilosec 20mg QTY. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.