

Case Number:	CM14-0151136		
Date Assigned:	09/19/2014	Date of Injury:	11/10/2009
Decision Date:	03/04/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual is a 48 y/o male who developed chronic cervical, lumbar and right shoulder pain subsequent to an injury dated 11/10/09. He has been told he has a tear in his shoulder, but no other specifics are reported in the records reviewed. He is also reported to have radiation of his low back pain into his right lower extremity. No specifics regarding the recommended frequency and/or dosage of recommended medications are reported. There is also no specific documentation regarding the specific level of pain relief or functional benefits from medications. No GI symptoms are reported. The medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67,73.

Decision rationale: MTUS Guidelines give limited support for the long term use of NSAID medications for chronic pain. However, the dispensing physician does not provide information to evaluate compliance with Guideline recommendations. The recommended dose, recommended frequency and benefits are not reported. Under these circumstances the Anaprox is not consistent with Guidelines and is not medically necessary.

Prilosec: 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 GI Distress and Cardiovascular risk. Page(s): 68.

Decision rationale: MTUS Guidelines do not recommend the routine use of proton pump inhibitors (Prilosec) unless there are specific GI risk factors present and/or GI symptoms secondary to medication use. The Guideline standards to support the chronic use of Prilosec have not been met. In addition the recommended dose is not documented and Guidelines have specific recommendations regarding dosing. These are not benign medications with long term use associated with increased fractures and biological mineral dysregulation. Under these circumstances the Prilosec is not Guideline supported and is not medically necessary.

Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of Opioids if the prescribing physician meets specific criteria and there is clearly documented pain relief plus functional improvement as a result of use. The prescribing physician does not provide the Guideline recommended details regarding how the medication is used, the amount of pain relief, the length of pain relief or any subsequent functional benefits. Under these circumstances, the Tylenol # 3 is not supported by Guidelines and is not medically necessary.