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| Case Number: | CM14-0215238 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 02/04/2006 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, chronic low back pain reportedly associated with an industrial injury of February 4, 2006. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for Voltaren gel, Prilosec, Neurontin, and Ultram. The claims administrator referenced an RFA form received on November 18, 2014, in its determination. The claims administrator noted that the applicant had a history of prior lumbar laminectomy-discectomy surgery. Again, the claims administrator noted a request for Voltaren, Prilosec, Neurontin, and Ultram. The claims administrator referenced an RFA form received on November 8, 2014. The claims administrator did note that the applicant had history of prior lumbar laminectomy. The claims administrator posited that the applicant had failed to profit from earlier medications. In a handwritten note dated November 6, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg, 10/10, severe and constant. The note comprised in large part of preprinted checkboxes, with little to no narrative commentary. The attending provider sought authorization for a lumbar MRI on the account that the applicant's axial and radicular pain complaints were worsening. The applicant was asked to discontinue Percocet, while beginning Ultram and Voltaren gel. It was suggested that the applicant was also Neurontin. Prilosec was also renewed, for an unknown purpose. While it was clearly stated that Ultram and Voltaren gel represented a first time request, it was not clear whether the other medications were renewal request or first time request. In a May 6, 2014 progress note, the applicant reported persistent complaints of low back pain with associated right lower extremity

radicular complaints. The applicant had issues with reflux and gastroesophageal reflux disease, the attending provider suggested. The applicant is asked discontinue Aleve owing to issues with dyspepsia. Percocet, Fexmid, Neurontin, and Prilosec were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel (unspecified quantity and strength): Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel has not been evaluated for treatment involving the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generator was/is, in fact, the lumbar spine, body part for which Voltaren gel has not been evaluated. Therefore, the request is not medically necessary.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs)

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 inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant did apparently develop issues with Naprosyn-induced dyspepsia; it was suggested via a handwritten note of May 2014. Introduction, selection, and/or ongoing usage of Prilosec (Omeprazole) is indicated. Therefore, the request is medically necessary.

Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked, at each visit, as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant reported heightened pain complaints as of the November 2014 progress note on which gabapentin (Neurontin) was renewed. The applicant has been using Gabapentin (Neurontin) for a span of several months. 10/10 pain was evident on the November 2014 progress note at issue. The attending provider's handwritten progress note contained little-to-no narrative commentary and did not outline any quantifiable benefits in terms of either and/or function achieved as a result of ongoing gabapentin usage. Therefore, the request is not medically necessary.

Ultram 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94 and 113.

Decision rationale: The request for Tramadol was a first time request, initiated on or around November 6, 2014. Page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that Tramadol is indicated in the treatment of moderate-to-severe pain, as was present here. The applicant did report 10/10 pain on the November 6, 2014, office visit at issue. While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not a first line analgesic, in this case, the applicant has failed a variety of other agents, including Naprosyn, Percocet, etc. Introduction of tramadol (Ultram) is indicated. Therefore, the request is medically necessary.