

Case Number:	CM15-0010417		
Date Assigned:	01/28/2015	Date of Injury:	02/20/2009
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/19/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 37 year old female, who sustained an industrial injury on February 20, 2009. The diagnoses have included low back pain. Treatment to date has included Magnetic resonance imaging lumbar spine reveals mild degenerative disk disease at T12-L1. Currently, the injured worker complains of low back pain. On January 8, 2015 Utilization Review non-certified a Naproxen 550mg quantity 60, two month supply, Prilosec 20mg quantity 60 two months' supply, Biofreeze roll quantity two tubes two month quantity, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of Naproxen 550mg quantity 60, two month supply, Prilosec 20mg quantity 60 two months' supply, Biofreeze roll quantity two tubes two month quantity and Tylenol number three quantity 75 with two month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 2 month supply: Upheld

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

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain but does not indicate prior treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type in case of previous failure of acetaminophen but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of persistent pain despite acetaminophen.

Prilosec 20mg #60 2 month supply: Upheld

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

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. An NSAID is not supported for continued treatment based on the medical records provided for review. As such the medical records do not support a medical necessity for omeprazole in the insured.

Biofreeze roll #2 tubes 2 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical meds Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.