

Case Number:	CM15-0016582		
Date Assigned:	02/04/2015	Date of Injury:	08/07/2000
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old male who reported an injury on 08/07/2000 due to an unspecified mechanism of injury. On 01/23/2015, he presented for a followup evaluation regarding his work related injury. It was noted that he had recently undergone an epidural steroid injection, which did provide at least 50% relief of his low back pain as well as to his lower extremities. He reported his low back pain had returned and remained on his oral analgesic medications with Norco 6 to 8 tablets a day and Anaprox as well as Soma. A physical examination showed that he moved slowly in and out of the office with an antalgic gait favoring the left lower extremity. He also had difficulty transitioning from a seated to a standing position, with very poor sitting tolerance of around 5 minutes. Examination of his oral cavity revealed extensive tooth decay with swollen and inflamed gingiva and halitosis findings with consistent periodontal disease. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally and increased muscle rigidity along the lumbar paraspinal muscles. He had pain with range of motion, and leg raise was noted to be positive at 40 degrees bilaterally, causing radicular symptoms. He also had decreased sensation at approximately the L5 or S1 distribution. He was diagnosed with lumbar degenerative disc disease, bilateral lower extremity radiculopathy, urologic incontinence, cervical spondylosis, reactionary depression and anxiety, medication induced gastritis, and xerostomia. The treatment plan was to refill the injured worker's medications with Anaprox DS 550 mg and Prilosec 20 mg #60. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60, DOS 12/15/2014: Upheld

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): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does state that the injured worker was suffering from low back pain. However, there was a lack of documentation showing that he had had an objective improvement in function or a quantitative decrease in pain with the use of this medication to support its continuation. Also, it is unclear how long the injured worker has been using this medication, and without this information, continuing would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Prilosec 20mg #60, DOS 12/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI Risks. Page(s): 67-68.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events. The documentation provided does indicate that the injured worker had a diagnosis of medication induced gastritis. However, there is a lack of documentation showing that the injured worker has had any relief with the use of this medication. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.