

Case Number:	CM15-0113073		
Date Assigned:	06/19/2015	Date of Injury:	01/11/2010
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 64 year old male patient who sustained an industrial injury on 1/11/10. The diagnoses include lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy and lumbar strain/sprain. He sustained the injury due to slipped and fell on cement floor. Per the doctor's note dated 5/26/2015, he had complaints of thoracic back pain and the lower back pain with radiation to the lower extremities. he injured workers pain level was noted as 7/10 with the use of medication and 9/10 without the use of medication. Physical examination revealed tenderness to palpation in the L4-S1 areas with increased pain upon flexion and extension; positive straight leg raising test at 45 degrees bilaterally. The medications list includes zantac, tramadol, mobic, tylenol, aspirin, buspiron, amlodipine, citalopram, clonidine, diclofenac, estazola, furosemide, humulin, levothyroxine, losartan, metoprolol, nuvigil and simvastatin. He has had lumbar MRI on 3/1/2010 which revealed multilevel degenerative disc disease L1-S1 and facet disease at L2-S1; EMG/NCS dated 3/4/2010 which revealed no acute or chronic denervation; peroneal motor potentials borderline or reduced in amplitude and peroneal velocity mildly slowed. Previous treatments included medication management. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67 Meloxicam (Mobic) page 61.

Decision rationale: Mobic 7.5 #30 Meloxicam is a NSAID. According to CA MTUS guidelines, Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. CA MTUS page 67 states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had chronic low back pain with significant objective findings on physical examination- tenderness and increased pain with flexion and extension. NSAIDs are considered first line treatment for pain and inflammation. The request of Mobic 7.5 #30 is medically appropriate and necessary for this patient at this juncture.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #90. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had chronic low back pain. He has had significant findings on physical examination-Lumbar spine- tenderness and increased pain with flexion and extension and positive straight leg raising. He has had diagnostic studies with significant abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.

Zantac 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) page 68 NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thomson Micromedex Ranitidine(zantac) Hydrochloride-FDA-Labeled Indications.

Decision rationale: Zantac 150mg #30. Ranitidine is a H2 receptor antagonists. Per the CA MTUS NSAIDs guidelines cited below, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. According to the Thomson Micromedex, FDA labeled indications for zantac are Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome. Any of the above listed indications in this patient is not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of Zantac 150mg #30 is not medically necessary for this patient.