

Case Number:	CM15-0114748		
Date Assigned:	06/23/2015	Date of Injury:	06/10/2013
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

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 injured worker is a 47 year old female, who sustained an industrial injury on 06/10/2013. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with lumbar spine sprain/strain, herniated lumbar disc of L5-S1, spondylolisthesis at L5-S1 with L4- L5 left radiculopathy and left knee sprain/strain. The injured worker was also diagnosed with anxiety and depression. Treatment to date has included pain medication, anxiolytic medication, physical therapy, application of ice, bracing, a lumbar epidural steroid injection and a home exercise program. The documentation submitted shows that the injured worker had been taking Tramadol, Prilosec and Xanax since at least 04/22/2014. In a 02/24/2015, PR2, the injured worker complained of sharp pain in the lumbar spine that radiated to the foot. Objective findings were notable for decreased range of motion of the lumbar spine, positive straight leg raise test, hypoesthesia at the anterolateral aspect of the foot and ankle noted at L5-S1 dermatome distribution, paraspinal tenderness and spasms and weakness in the big toe dorsiflexor and plantar flexor bilaterally. A 04/22/2015 PR2 noted lumbar pain that was not rated and indicated that the injured worker was under a lot of stress due to the death of a family member. Range of motion of the lumbar spine was decreased, tenderness to palpation of the lumbar spine was noted along with spasm and tightness with positive straight leg raise. In a progress note dated 06/02/2015, the injured worker complained of pain in the lumbar spine that was rated as 8/10 with radiation to the thigh along with numbness and a cramping sensation. No

objective findings were documented. There was no documentation of the status of the effectiveness of Xanax at reducing anxiety or any gastrointestinal complaints. A request for authorization of Prilosec 20 mg #60, Xanax 0.5 mg #60 and Tramadol ER 150 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: 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: As per Medical Treatment Utilization schedule (MTUS) guidelines, requests for ongoing opioid use should include evidence of Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, MTUS guidelines indicate that although short term use of opioids for chronic low back pain appear to be effective, long term efficacy of greater than 16 weeks is uncertain and appears limited. The most recent progress note does not document the injured worker's level of pain before and after use of Tramadol or discuss the effectiveness of Tramadol at reducing pain. There is also no discussion of side effects or monitoring for potential misuse or abuse. The documentation shows that this medication was prescribed to the injured worker since at least 04/22/2014. The injured worker continued to experience significant pain in the lumbar spine according to recent visit notes, despite the use of Tramadol and there was no documentation of significant functional improvement with use of the medication. Therefore, the documentation doesn't support the request for Tramadol ER 150 mg #60 and is not medically necessary.

Xanax ER 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As per Medical Treatment Utilization schedule (MTUS) guidelines, benzodiazepines "are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The documentation submitted shows that the injured worker had been prescribed Xanax for anxiety since at least 04/22/2014, which far exceeds to recommended guidelines for use of benzodiazepines. In addition, the most recent progress notes do not discuss the status of the

injured worker's mental health or the effectiveness of Xanax at relieving the injured worker's symptoms. Therefore, the documentation doesn't support the request for Xanax 0.5 mg #60 and is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors.

Decision rationale: MTUS is silent regarding the use of proton-pump inhibitor medication in patients unless they are also concurrently prescribed NSAID medication. The documentation doesn't indicate that the injured worker was taking any NSAID medication and therefore, alternative guidelines were referenced. As per Official Disability Guidelines (ODG), proton pump inhibitor medication "is recommended for patients at risk for gastrointestinal events and in general use should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time." The documentation submitted shows that the injured worker was prescribed Prilosec since at least 04/22/2014 with a QME report from 11/2014 indicating that proton pump inhibitor medication should be prescribed to protect against gastrointestinal upset. There is no recent documentation that the injured worker was experiencing any subjective gastrointestinal complaints, nor was there any specific abnormal gastrointestinal examination findings documented. There was also no indication that the injured worker was taking any medications such as NSAID's in the recent past that would increase the risk of untoward gastrointestinal events. Therefore, the documentation submitted doesn't support the request for Prilosec 20 mg #60 and is not medically necessary.