

Case Number:	CM15-0060070		
Date Assigned:	04/06/2015	Date of Injury:	05/02/2013
Decision Date:	05/29/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on May 2, 2013. The mechanism of injury was the injured worker was walking on muddy ground that was slippery and he stepped on a branch causing him to lose control and slip. The injured worker was diagnosed as having cervical and thoracic sprain/strain, cervical radiculitis, spinal stenosis, lumbar facet joint syndrome. Lumbar/lumbosacral disc degeneration and status post trauma. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated December 17, 2014 provides the injured worker complains of neck pain rated 7/10 and thoracic spine pain rated 7/10. He reports the pain is constant. At the time of examination he is not using oral medications. Physical exam notes cervical tenderness with decreased range of motion (ROM) and thoracic tenderness with spasm. A pain management consultation dated January 27 provides the injured worker complains of neck pain rated 6/10 and back pain rated 7/10. Physical exam notes cervical, thoracic and lumbar tenderness on palpation with decreased range of motion (ROM). There is request for oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation of signs and symptoms of dyspepsia. The duration of use could not be established. Additionally, this request was being reviewed with a request for an NSAIDS which is not medically necessary. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

Tylenol #3, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tylenol #3, #180 is not medically necessary.

Gabapentin 100mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16, 17.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% objective pain relief and documentation of functional improvement. The request as submitted

failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for gabapentin 100mg, unspecified quantity is not medically necessary.

Naproxyn 220mg, #60: 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.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 220mg, #60 is not medically necessary.