

Case Number:	CM15-0063714		
Date Assigned:	04/09/2015	Date of Injury:	09/04/2014
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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 63 year old male who sustained an industrial injury on 09/04/2014. The mechanism of injury involved heavy lifting. Diagnoses include lumbago, rule out lumbar intradiscal component and rule out lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, lumbosacral orthosis, Transcutaneous Electrical Nerve Stimulation Unit, activity modification stretching and home exercise program. A physician progress note dated 02/26/2015 documents the injured worker complains of low back pain with right lower extremity symptoms and pain is rated an 8/10. Current medications facilitate the injured workers maintenance of activities of daily living. He has tenderness to the lumbar spine, and spasm to the lumboparaspinal musculature. Lumbar range of motion is: flexion 40 degrees, extension 35 degrees, left and right lateral tilt 40 degrees, and left and right rotation 35 degrees. Treatment requested is for Naproxen 550mg, Pantoprazole 20mg, and Tramadol 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG DISPENSED ON 11-25-14 QTY 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no documentation of an acute exacerbation of chronic pain. There was no evidence of a failure to respond to first line treatment with acetaminophen. Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically necessary.

PANTOPRAZOLE 20MG DISPENSED ON 11-25-14 QTY 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

TRAMADOL 150MG DISPENSED ON 1-15-15 QTY 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure to respond to nonopioid analgesics. There was no documentation of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

NAPROXEN 550MG DISPENSED ON 1-15-15 QTY 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no documentation of an acute exacerbation of chronic pain. There was no evidence of a failure to respond to first line treatment with acetaminophen. Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically necessary.

PANTOPRAZOLE 20MG DISPENSED ON 1/15/2015 QTY 90: Upheld

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

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

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.