

Case Number:	CM15-0076406		
Date Assigned:	04/28/2015	Date of Injury:	03/16/2004
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: Connecticut, California, Virginia
 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 45 year old male, who sustained an industrial injury on March 16, 2004. The injured worker was diagnosed as having lumbar micro laminectomy, lumbosacral radiculopathy and depression. Treatment and diagnostic studies to date have included surgery, injections and medication. A progress note dated March 20, 2015 the injured worker complains of back pain radiating to legs and feet with weakness, numbness and tingling. He reports he fell recently and hurt his head. He rates his back pain 7/10 and occasionally 8-9/10. Sleep is disturbed and he reports anxiety and depression. The plan includes medication and a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #30 x 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. In this case, the patient has been on multiple opioids without evidence of objective functional improvement. The patient has been treated with opioids for several years. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient warrants close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding objective functional improvement (return to work, home exercise, etc.), in light of the chronic nature of this case, the request for further treatment with opioids is not considered medically necessary, making the modification per utilization review to facilitate weaning reasonable in the opinion of this reviewer.

Prilosec 20mg #60 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use of Prilosec. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore the request cannot be considered medically necessary given the provided information at this time.

Axid #60 x 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Gastroenterol. 2013 Mar; 108(3)308-28.

Decision rationale: Nizatidine (Axid) is an H-2 blocker used for patients with non-erosive gastroesophageal reflux disease. Given the lack of gastrointestinal complaints or objective findings in the provided records, treatment with an H-2 blocker is not indicated in this case based

on the provided documents. Therefore the request is not considered medically necessary at this time.