

Case Number:	CM14-0154613		
Date Assigned:	09/24/2014	Date of Injury:	09/22/2010
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported a date of injury of 02/11/1991. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbago; pain in joint, ankle, and foot; shoulder region joint pain; lumbar post laminectomy syndrome; and shoulder joint derangement. Prior treatments were not indicated within the medical records provided. The injured worker had an x-ray of the lumbar spine on 03/18/2014 with an official report indicating x-rays were unchanged from a year prior, solid arthrodesis posterolateral and anterior lumbar interbody fusions were well healed. Surgeries included a left subacromial bursa injection on 10/24/2013. The injured worker had complaints of constant cramping and burning pain in the lower back with radiation anteriorly and bilaterally into the abdomen, numbness in both feet, and cramping in the left lower back and left abdominal cramping that resolved with bending at the waist or lying down. The clinical note dated 08/20/2014 noted the injured worker's muscle strength of the left shoulder was 3/5 with abduction, 5/5 at the extensors and flexors of the elbow and wrist bilaterally, there was 75 degrees of shoulder abduction, internal and external rotation were limited due to pain, spasm in the right lower lumbar paravertebral muscles, limited external rotation of the right hip, and flexion caused pain in the hips. Medications included meloxicam, aspirin, gabapentin, cyclobenzaprine, and oxycodone. The treatment plan included oxycodone, cyclobenzaprine, and the physician's recommendation for weight loss, start a home exercise program, and for the injured worker to see an orthopedist for the left shoulder. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg #60 with 5 refills: Upheld

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

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

Decision rationale: The injured worker had complaints of constant cramping and burning pain in the lower back with radiation anteriorly and bilaterally into the abdomen, numbness in both feet, and cramping in the left lower back and left abdominal cramping that resolved with bending at the waist or lying down. The California MTUS Guidelines recommend proton pump inhibitors with precaution. Indications for use should include determining if the patient is at risk for gastrointestinal events, such as 65 years of age or older; history of peptic ulcers, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. Documentation indicates the injured worker could be considered an intermediate risk for gastrointestinal events, a nonselective NSAID with either a proton pump inhibitor or cox 2 selective agent is recommended for long term use of NSAID's. Although, long term use has been shown to increase the risk for hip fracture. The guidelines indicate the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events, to include current use of aspirin and an anticoagulant or high dose/multiple NSAIDs. The injured worker is noted to be taking meloxicam, an NSAID, and aspirin concurrently, for which would warrant the use of a proton pump inhibitor for possible gastrointestinal events. However, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

1 prescription of Ultram 50mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The injured worker had complaints of constant cramping and burning pain in the lower back with radiation anteriorly and bilaterally into the abdomen, numbness in both feet, and cramping in the left lower back and left abdominal cramping that resolved with bending at the waist or lying down. The California MTUS Guidelines state the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. 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 the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality

of life. The use of opioids for chronic back pain appears to be efficacious but limited for short term pain relief and long term efficacy is unclear usually greater than 16 weeks but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of an alternative therapy. It is noted the injured worker was prescribed oxycodone since at least the 02/27/2014 examination. The guidelines indicate ongoing review and documentation of pain relief, functional status, and appropriate medication use is necessary. However, there is a lack of documentation of an accurate pain assessment, to include the patient's least reported pain since the last assessment, the intensity of the pain after taking the medication, and how long the medication lasted. The guidelines indicate opioids appear to be efficacious but limited for short term pain relief with the long term use unclear, but a failure to respond to a time limited course of opioids has led to the suggestion of a reassessment and consideration of an alternative therapy. There is a lack of documentation indicating the injured worker has been reassessed for alternative therapies to treat his pain. Additionally, the request as submitted did not indicate a frequency of use. As such, the request is not medically necessary.