

Case Number:	CM14-0034495		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2004
Decision Date:	08/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 California and Washington. 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 65-year-old male who reported an injury on 07/26/2004 caused by an unspecified mechanism. The injured worker's treatment history included medications, home exercise program. The injured worker was evaluated on 01/13/2014, it is documented the injured worker complained of low back pain with radiation to the left lower extremity with occasional cramping, difficulty sleeping due to continued pain, and intermittent stomach upset due to use of pain medication. Physical examination of the lumbar spine revealed moderate power lumbar muscle spasm, left greater than right. The range of motion of the lumbar spine flexion, extension, right and left lateral flexion was 80% normal. Straight leg test was positive to the left at 80 degrees in sitting position causing buttock, posterolateral hip, thigh, and leg pain. Medications included Norco, Soma, Naprosyn, Prilosec, and Medrox ointment. Diagnoses included lumbar strain with left lumbar radiculopathy and secondary insomnia due to chronic pain. Request for authorization and rationale was not submitted for this review. The rationale for Prilosec was the injured worker had intermittent stomach upset due to the use of pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs), Page 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. On 01/13/2014 it was documented that the injured worker was to continue with home exercise regimen however, the provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency. Given the above, the request for the Naproxen 550 mg, #90 with 2 refills is not medically necessary.

Prilosec 20mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Proton pump inhibitors, page(s) 68-69.

Decision rationale: The requested is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request submitted for the injured worker. In addition, the concurrent request for the NSAID was not medically necessary. Given the above, the request for Prilosec 20 mg #60 with 2 refills is not medically necessary.