

Case Number:	CM13-0019020		
Date Assigned:	10/11/2013	Date of Injury:	12/18/2006
Decision Date:	02/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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 57 years old. She fell stepping down from a platform in December 2006, complaining of back pain with radiation to feet, lower extremity weakness and numbness, hip pain and difficulty walking. No diagnostic tests are reported, Examination on June 8, 2011 per utilization review showed increased lumbar tenderness to palpation and difficulty standing. Evaluation July 29, 2013 reports complaint of persistent low back pain aggravated by bending, lifting, twisting, pulling, pushing, sitting, standing and prolonged walking. Examination reports lumbar tenderness, pain with terminal motion, positive seated nerve root test and L5 and S1 dermatome dysesthesia. A response referencing the above evaluation date on August 8, 2013 reports that Naproxen sodium 550 mg #120 is prescribed for inflammation and pain; Omeprazole 20 mg #120 is prescribed for previously described stomach upset and epigastric pain with Naproxen sodium, which has great potential for gastrointestinal symptoms; Cyclobenzaprine 7.5 mg #120 is prescribed for palpable muscle spasms noted during examination today, and that the patient is aware it should only be taken in short courses for muscle spasms, noting that it will also provide benefit as a sleep aid; and Tramadol ER 150 mg. #90 is prescribed for an acute exacerbation of severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #120: 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 Page(s): 167.

Decision rationale: Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term symptomatic relief of chronic low back pain, and have been found to be no more effective than acetaminophen (MTUS page 167). The worker is reported to have stomach upset and epigastric pain with this medication in the past. No history is provided of trials of alternative treatment. Therefore this request is not medically necessary.

Omeprazole 20 mg #120: 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 Page(s): 68.

Decision rationale: Omeprazole is recommended with naproxen for patients at intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. (MTUS page 68). The worker is less than 65 years old, has no history of ulcer or GI bleed, or perforation, is not receiving a high-risk drug concurrently and is not taking aspirin or multiple NSAIDs. Intermediate criteria are not met. The worker has been prescribed Omeprazole since at least 2011, when its use was approved on review. Use of Omeprazole for more than one year is associated with increased risk of hip fracture (same).

Cyclobenzaprine Hydrochloride 7.5 mg #120: 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 Antispasmodics Page(s): 64.

Decision rationale: Cyclobenzaprine is recommended for a short course of Therapy. Recommended dose is 5 mg three times daily (MTUS page 64). #120 doses in one month does not constitute a short course. No muscle spasm is reported on physical examination July 29, 2013. Adverse effects of sedation are not of value when prescribed up to four times daily.

Tramadol Hydrochloride ER 150 mg #90: 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 Page(s): 93-94.

Decision rationale: Tramadol has been found to decrease pain. Tramadol ER 150 mg is the 24 hour form. There is no record of tramadol use at the time of this prescription. Patients not currently using immediate release tramadol should be started at a dose of 100 mg daily (MTUS page 93-94). No increase in pain is reported at the July 29, 2013 appointment. Therefore this request is not medically necessary.

Medrox patch #30: 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 Topical Analgesics Page(s): 112-113.

Decision rationale: Medrox is a topical application of capsaicin .0375%, menthol and methyl salicylate. MTUS guidelines state that there have been no studies of a .0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide further benefit. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended (MTUS 112-113). Therefore the requested medicine is not medically necessary.