

Case Number:	CM13-0022957		
Date Assigned:	11/15/2013	Date of Injury:	08/27/2009
Decision Date:	02/20/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/11/2013

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 Orthopedic Surgery 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 claimant is a 59-year-old injured worker who sustained an injury to the upper extremities and cervical spine on August 27, 2009. Clinical records for review documented a recent September 3, 2013 progress report by [REDACTED], an orthopedic surgeon, who gave the claimant the current diagnosis of a stable left total knee arthroplasty and indicated that the claimant had no current complaints or positive pertinent physical examination findings. A prior assessment on March 13, 2013 with [REDACTED] gave the claimant diagnoses of status post C3 thorough 7 cervical reconstruction with carpal tunnel and double crush syndrome and multilevel level lumbar spondylosis. [REDACTED] recommended continuation of chronic medication management in the form of Tramadol, Medrox Pain Cream (topical), Cyclobenzaprine and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR Capsules 20mg, quantity 120, date of service 3/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Omeprazole would not be indicated. There is no documentation that the claimant demonstrates at present GI risk factors to support the use of this proton pump inhibitor. MTUS Chronic Pain Guideline criteria indicate the need for at least one GI risk factor for use of this agent in the prophylactic setting. The request for Omeprazole DR Capsules 20mg, quantity 120, is not medically necessary and appropriate.

Cyclobenzaprine HCL 7.5mg, quantity 120, date of service 3/13/2013: Upheld

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

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

Decision rationale: Based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Cyclobenzaprine would not be indicated. MTUS Chronic Pain Guidelines recommend that the role of muscle relaxants is only indicated as a second line use in the setting of acute exacerbation of pain in the chronic setting of care. The continued use of Cyclobenzaprine or any muscle relaxant would not be indicated. The request for Cyclobenzaprine HCL 7.5mg, quantity 120, is not medically necessary and appropriate.

Medrox pain relief 120gm, two refills, date of service 3/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, the topical agent Medrox, which contains amongst other active ingredients, Capsaicin would not be supported. Capsaicin is only used as a second line agent for patients who are intolerant or unresponsive to more primary forms of medical modalities. The request in this case would not be indicated as documentation of failure of first line therapy has not been noted. The request for Medrox pain relief 120gm, two refills, is not medically necessary and appropriate.

Tramadol HCL ER 150mg, quantity 90, date of service 3/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram), Page(s): 91-94.

Decision rationale: The California MTUS Chronic Pain Medical Treatment 2009 Guidelines indicate that the role of tramadol in the chronic low back setting or chronic pain setting does not

demonstrate efficacy beyond a sixteen week period of time. Chronic Pain Guideline criteria would not recommend the role or continued use of this medication beyond sixteen weeks. Given the documentation of usage of this agent and timeframe from injury, the continued use of tramadol is not supported. The request for Tramadol HCL ER 150mg, quantity 90, is not medically necessary and appropriate.