

Case Number:	CM13-0026197		
Date Assigned:	11/22/2013	Date of Injury:	08/08/2001
Decision Date:	06/19/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 64-year-old male who reported an injury on 08/08/2011. The patient reported 7-8/10 neck and low back pain. Physical examination revealed muscle guarding with tenderness to palpation over the cervical and lumbar spine with stiffness and limited range of motion. The patient is diagnosed with cervical spine herniated nucleus pulposus and lumbar spine herniated nucleus pulposus. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #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 Muscle Relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of

therapy and should not be used for longer than 2 weeks to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no documentation of palpable muscle spasm or muscle tension on physical examination that may warrant the need for a muscle relaxant. Despite the ongoing use, the patient continues to report persistent neck and lower back pain rated 7-8/10. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate.

TRAMADOL 50MG #60: 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. The patient should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. A written consent or pain agreement for chronic use is not required, but may make it easier for the physician and surgeon to document patient education, treatment plan, and informed consent. As per the clinical notes submitted, the patient does not currently meet criteria for a therapeutic trial of opioids. There is no documentation of baseline pain and functional assessments, including psychosocial assessment. There is also no evidence of a written consent or agreement. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

NAPROXEN SODIUM 550MG #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 NSAIDs Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Additionally, California MTUS Guidelines state there is no evidence to recommend 1 drug in this class over another based on efficacy. Based on the clinical information received, the request is not medically necessary.

PANTOPRAZOLE DR 20MG #60: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state a proton pump inhibitor is recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no evidence of gastrointestinal events, nor is there evidence of a cardiovascular disease. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor.