MAXIMUS Federal Services

Case Number:	CM13-0030590		
Date Assigned:	11/27/2013	Date of Injury:	11/07/2011
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 patient is a 38-year-old male who reported an injury on 11/07/2011. The mechanism of injury was noted as the patient accidentally struck his right elbow on a cart. The patient's symptoms are noted to include left wrist pain, weakness, and numbness; and low back pain, stiffness, weakness, and numbness. Objective findings of the left wrist include tenderness to palpation, swelling, muscle spasm, decreased range of motion, negative Tinel's sign, and a positive Phalen's sign. Objective findings of the lumbar spine revealed tenderness to palpation, muscle spasm, decreased range of motion, particularly upon flexion and extension, and positive straight leg raise test. His diagnoses are listed as lumbar spine herniated nucleus pulposus with radiculopathy and left wrist osteonecrosis of lunate. It states, on 08/12/2013, that the patient is in a chronic phase of treatment. He has benefited from his current medications, which were noted to include Ultram 50 mg 1 tab twice a day for pain, Anaprox 550 mg 1 tab 2 to 3 times per day for inflammation, Prilosec 20 mg 1 twice a day for gastric protection, and Flexeril 7.5 mg 1 at bedtime for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg, # 90 1 tablet bid/tid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 66; 68.

Decision rationale: California MTUS Guidelines state that naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines further state that for patients with chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochran review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. As the patient is noted to currently be taking a narcotic analgesic, Ultram, and a muscle relaxant, Flexeril, and there is insufficient evidence of a trial of acetaminophen, the request is not supported by guidelines. As the patient is currently taking a narcotic analgesic and a muscle relaxant, it is unclear as to why an additional analgesic, an NSAID, is needed, as the guidelines state that NSAIDs are no more effective than these other drugs. For these reasons, the request is non-certified.

Prilosec 20mg, #60 1 tab bid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: According to California MTUS Guidelines, for patients who are currently using NSAID medication and who have been shown to be at risk for gastrointestinal events, such as age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anti-coagulant, or high dose or multiple NSAIDs. As the patient was not shown in the documentation to have any of these listed risk factors for gastrointestinal events, it is stated that he is currently taking Prilosec for gastric protection, and the request for an NSAID medication was non-certified, the request for Prilosec is not supported by guidelines. Therefore, the request is non-certified.

Flexeril 7.5mg, #90 1 tab q hs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (FlexerilÂ®), Page(s): s 41-42.

Decision rationale: California MTUS Guidelines state that cyclobenzaprine is recommended as an option for a short course of therapy. Cyclobenzaprine was shown to be more effective than placebo in the management of back pain; but the effect was modest and comes at the price of greater adverse effects, and the effect was noted to be greatest in the first 4 days of treatment, suggesting that shorter courses may be better. It is again stated in the guidelines that treatment

with cyclobenzaprine should be brief. Additionally, adding cyclobenzaprine to other agents is not recommended. As the patient has been shown to be on cyclobenzaprine for more than 4 days of treatment, and she is noted to be taking other agents for the management of her pain, the request is not supported by guidelines. For this reason, the request is non-certified.

Ultram 50mg, #60 1 tab bid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 78.

Decision rationale: California MTUS Guidelines state that for ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be included in the medical records. The pain assessment should include documentation of the patient's current pain, the least reported pain over period since the last assessment, the average pain level, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Additionally, the documentation needs to include monitoring of the 4 A's for ongoing monitoring of patients on opioid medications. These 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient was noted to be taking tramadol 50 mg 1 twice a day as needed for pain, as well as Anaprox 550 mg 2 to 3 times a day, Prilosec 20 mg twice a day, and Flexeril 7.5 mg at bedtime for muscle spasm. It was noted in the documentation that the patient had benefited from his current medications; however, the detailed documentation required by California Guidelines, including the 4 A's for ongoing monitoring, were not included in the medical records. Therefore, the requested service is non-certified.