

Case Number:	CM13-0035484		
Date Assigned:	12/13/2013	Date of Injury:	07/07/2013
Decision Date:	02/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported a low back injury on 07/08/2013 due to lifting. The patient was initially treated with physical therapy and medications to include over-the-counter Tylenol, Naprosyn, Relafen, Norco, and Robaxin. The patient's most recent clinical exam findings included mild low back stiffness with pain radiating into the lower extremities described as 6/10 to 7/10. Physical findings included tenderness to palpation over the low back area, restricted range of motion of the lumbar spine, and intact strength and sensation in the bilateral lower extremities. The patient's diagnosis included a low back strain. The patient's treatment plan was to begin physical therapy, and initiate medications to include Relafen, Norco, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol HCL 50mg, DOS 9/17/2013: 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 Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol HCL 50mg, DOS 9/17/2013 is not medically necessary or appropriate. The clinical documentation submitted for review did not include an

assessment for the date in question. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids in the management of a patient's chronic pain include an assessment of functional benefits, an assessment of pain relief, documentation of monitoring for aberrant behavior and management of side effects. The clinical documentation submitted for review does provide evidence that the patient has been taking this medication for an extended duration. There was no clinical documentation to support increased functional benefit, assessment of pain relief, or monitoring for aberrant behavior. As such, the requested Tramadol HCL 50mg, DOS 9/17/2013 is not medically necessary or appropriate.

Retrospective Cyclobenzaprine HCL 7.5mg, DOS 9/17/2013: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine HCL 7.5mg, DOS 9/17/2013 is not medically necessary or appropriate. There was no clinical documentation for the date in question to support the need for medication usage. The California Medical Treatment and Utilization Schedule recommend the use of muscle relaxants in short courses of treatments to assist with pain management and control of muscle spasming. The clinical documentation that was submitted for review did not provide any evidence that the patient had muscle spasming that would require a muscle relaxant. Additionally, as there is no indication of functional benefit related to this medication, continued use would not be supported. As such, the retrospective request for Cyclobenzaprine HCL 7.5mg, DOS 9/17/2013 is not medically necessary or appropriate.

Retrospective Omeprazole 20mg, DOS 9/17/2013: Upheld

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

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: The requested Omeprazole 20mg, DOS 9/17/2013 is not medically necessary or appropriate. There was no clinical documentation submitted for the date in question to support the need for medication management. Additionally, the California Medical Treatment and Utilization Schedule recommend gastrointestinal protectants for patients who are at risk for gastrointestinal events related to medication usage. The clinical documentation did not provide any evidence of gastrointestinal upset related to medication usage. The patient has not been on high doses of non-steroidal anti-inflammatory drugs, and there is no history of gastrointestinal ulcers. As such,

the retrospective request for Omeprazole 20mg, DOS 9/17/2013 is not medically necessary or appropriate.