

Case Number:	CM13-0039530		
Date Assigned:	02/14/2014	Date of Injury:	08/01/2012
Decision Date:	04/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in 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 40-year-old male who reported injury on 08/01/2012. The mechanism of injury was not provided. The patient's diagnosis was noted to be lumbago. The medication history included NSAIDs, omeprazole, and cyclobenzaprine as of 08/2012. The examination of 08/23/2013 revealed the patient had subjective complaints of pain and would like to try acupuncture. The treatment plan included acupuncture and cyclobenzaprine for muscle spasms, diclofenac for anti-inflammatory properties, tramadol for chronic pain, and omeprazole for gastritis prophylactically.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF DICLOFENAC XR 100MG #30 PO PD;; Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend NSAIDs for short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in a VAS score

for continued use. Clinical documentation submitted for review indicated the patient had been taking the medication since 08/2012. There was a lack of documentation indicating the patient had an objective functional improvement and an objective decrease in a VAS score. Given the above, the request for retrospective prescription of diclofenac XR 100 mg, #30 by mouth PD is not medically necessary.

RETROSPECTIVE PRESCRIPTION OF OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient had been taking the medication since 08/2012. There was a lack of documentation of efficacy of the requested medication. Additionally, there was a lack of documentation indicating the patient had signs or symptoms of dyspepsia, as the physician prescribed the medication prophylactically. The request for the NSAID was found to be not medically necessary, and as such, the request for a retrospective prescription of omeprazole 20 mg #30 is not medically necessary.

RETROSPECTIVE PRESCRIPTION OF TRAMADOL ER 150MG #60 PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review failed to indicate the patient had an objective improvement in function and a decrease in the VAS score, as well as whether the patient had side effects. There was evidence the patient was being monitored for aberrant drug behavior. The duration of the medication could not be established, as no documentation was submitted before the requested 08/23/2013. Given the above, the request for a retrospective prescription of tramadol ER 150 mg #60 by mouth daily is not medically necessary.

RETROSPECTIVE PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #30 PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement, Clinical documentation submitted for review indicated the patient had been on the medication since 2012. The physical examination failed to reveal the patient had an acute exacerbation of muscle spasms. There was a lack of documentation of efficacy of the requested medication. There was a lack of documentation of objective functional improvement. Given the above, the request for retrospective prescription of cyclobenzaprine 7.5 mg #30 by mouth daily is not medically necessary.