

Case Number:	CM13-0039870		
Date Assigned:	01/15/2014	Date of Injury:	05/20/2012
Decision Date:	09/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation 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 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 injured worker is a 27 year old female who reported an injury on May 20, 2012 due to a seven foot fall from a ladder. He has been diagnosed with left wrist scaphoid fracture, left shoulder impingement syndrome, left knee patellofemoral contusion/internal derangement, low back pain and lumbar radiculopathy. The diagnosis is listed as contusion shoulder/arm (923.09). The most recent progress note dated August 30, 2013 revealed tenderness to the lumbar spine, with restricted range of motion with spasm, tremor involving the left side of the body that included both upper and lower extremities. Prior treatment includes nonsteroidal anti-inflammatories, Tramadol, and Cyclobenzaprine, which all helped to reduce her pain. Without medication the spasms are refractory to cold, heat, stretching, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS), and activity modification. A prior utilization review determination dated 9/23/2013, resulted in partial approval of Tramadol extended release 150 milligrams quantity 60, Naproxen sodium 550 milligrams quantity ninety, Pantoprazole 20 milligrams quantity ninety, Cyclobenzaprine 7.5 milligrams quantity ninety.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-75, 82.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The MTUS Chronic Pain Guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. There is no documentation of any significant improvement in pain level (i.e. numeric pain scale) or function. There is no mention of ongoing attempts with non-pharmacologic means of pain management such as physical therapy or home exercise program. There is no documentation of return to work. Recommendation has previously been made for weaning. Chronic use of opioids is not generally supported by the medical literature. The medical necessity of Ultram ER has not been established.

NAPROXEN SODIUM 550MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Pain.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Naproxen is recommended as an option for short-term symptomatic relief. Per the ODG, NSAIDs are recommended for back pain as a second - line treatment. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, there is no documentation of any significant improvement in pain level (i.e. numeric pain scale) or function with prior use. There is no mention of ongoing attempts with non-pharmacologic means of pain management such as physical therapy or home exercise program. Therefore, the request is not medically necessary according to the guidelines.

PANTOPRAZOLE 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI) Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Pantoprazole Proton Pump Inhibitor (PPI) is recommended for patients at intermediate risk for gastrointestinal (GI) events. The medical records reviewed do not document any gastrointestinal complaints. The MTUS Chronic Pain Guidelines state PPI medications may be indicated for patients at risk for

gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Chronic Pain Guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events. In the absence of any documented GI symptoms, the request is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not demonstrate substantial and constant spasm, unresponsive to first-line interventions. The medical records show the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Flexeril is not established