

Case Number:	CM13-0044062		
Date Assigned:	01/15/2014	Date of Injury:	02/14/2011
Decision Date:	04/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 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:

This 59 year-old female sustained an injury on 2/14/11 while employed by [REDACTED]. Requests under consideration include NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT, FLEXERIL 7.G ON TABLET ORALLY TWICE PER DAY, 60 COUNT, PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, and TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT. Report of 9/26/13 from the provider noted patient with chronic pain in the low back, right knee, and left ankle rated at 5/10 scale which went back up to 6-7/10 after 4 hours from injection. Exam noted intact sensation over all dermatomes, motor 5/5 in all muscle groups of the lower extremities; DTRs symmetrical and 2+ ankles, 1+ knees. Diagnoses include Lumbosacral disc degeneration. Requests for the above medications were non-certified on 10/17/13 except for Tramadol modified for #15 to assist in tapering citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT: 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): 22.

Decision rationale: This 59 year-old female sustained an injury on 2/14/11 while employed by [REDACTED]. Requests under consideration include NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT, FLEXERIL 7.5 ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, and TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT. Report of 9/26/13 from the provider noted patient with chronic pain in the low back, right knee, and left ankle rated at 5/10 scale which went back up to 6-7/10 after 4 hours from injection. Exam noted intact sensation over all dermatomes, motor 5/5 in all muscle groups of the lower extremities; DTRs symmetrical and 2+ ankles, 1+ knees. Diagnoses include Lumbosacral disc degeneration. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of March 2011 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT is not medically necessary and appropriate. On 10/17/13, the Tramadol request was modified for #15 to assist in tapering.

FLEXERIL 7.5 ONE TABLET ORALLY TWICE PER DAY, 60 COUNT: 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): 128.

Decision rationale: This 59 year-old female sustained an injury on 2/14/11 while employed by [REDACTED]. Requests under consideration include NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT, FLEXERIL 7.5 ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, and TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT. Report of 9/26/13 from the provider noted patient with chronic pain in the low back, right knee, and left ankle rated at 5/10 scale which went back up to 6-7/10 after 4 hours from injection. Exam noted intact sensation over all dermatomes, motor 5/5 in all muscle groups of the lower extremities; DTRs symmetrical and 2+ ankles, 1+ knees. Diagnoses include Lumbosacral disc degeneration. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to

support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The FLEXERIL 7.5 ONE TABLET ORALLY TWICE PER DAY, 60 COUNT is not medically necessary and appropriate.

PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT: 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): 68-69.

Decision rationale: This 59 year-old female sustained an injury on 2/14/11 while employed by [REDACTED]. Requests under consideration include NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT, FLEXERIL 7.5 ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, and TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT. Report of 9/26/13 from the provider noted patient with chronic pain in the low back, right knee, and left ankle rated at 5/10 scale which went back up to 6-7/10 after 4 hours from injection. Exam noted intact sensation over all dermatomes, motor 5/5 in all muscle groups of the lower extremities; DTRs symmetrical and 2+ ankles, 1+ knees. Diagnoses include Lumbosacral disc degeneration. This medication is for treatment of the problems associated with erosive epophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT is not medically necessary and appropriate.

TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT: 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 OPOIDS Page(s): 74-96.

Decision rationale: This 59 year-old female sustained an injury on 2/14/11 while employed by [REDACTED]. Requests under consideration include NAPROXEN 550 MG 1 TABLET ORALLY TWICE PER DAY, 60 COUNT, FLEXERIL 7.5 ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, PROTONIX 20 MG ONE TABLET ORALLY TWICE PER DAY, 60 COUNT, and TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT. Report of 9/26/13 from the provider noted patient with chronic pain in the low back, right knee, and left ankle rated at 5/10 scale which went back up to 6-7/10 after 4 hours from injection. Exam noted intact sensation over all dermatomes, motor 5/5 in all muscle groups of the

lower extremities; DTRs symmetrical and 2+ ankles, 1+ knees. Diagnoses include Lumbosacral disc degeneration. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. TRAMADOL ER 150 MG ONE TABLET ORALLY AS NEEDED, 30 COUNT is not medically necessary and appropriate.