

Case Number:	CM13-0046481		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2010
Decision Date:	04/02/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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 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 58 year old male with a date of injury of 06/07/2010. The listed diagnoses per [REDACTED] dated 08/29/2013 are 1) lumbar discopathy-facet arthropathy. 2) Rule out olecranon bursitis. 3) Double crush syndrome. 4) Electrodiagnostic evidence of bilateral CTS According to report dated 08/29/2013 by [REDACTED], patient presents with persistent pain of the low back and left upper extremity pain. Examination reveals positive Tinel's sign at the elbows and pain with terminal flexion. Examination of the thoracolumbar spine reveals tenderness at the paravertebral muscles and pain iwht terminal motion. Seated nerve root test was noted as positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: This patient presents with persistent pain of the low back and left upper extremity pain. Treater is requesting naproxen 500 mg #120. For anti-inflammatory

medications, the MTUS Guidelines page 22 states "anti-inflammatory 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." MTUS further states on page 60 that for medications for chronic pain, pain assessment and functional level should be documented as related to medication use. In this case, the treater does not discuss in any of the reports dating from 03/28/2013 to 09/25/2013 the efficacy of using NSAIDS. The requested naproxen is not medically necessary .

Omeprazole Delayed-Release Capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with persistent pain of the low back and left upper extremity pain. The treater is requesting omeprazole 20 mg #120. The MTUS Guidelines states omeprazole is recommended with precautions as indicated below. Clinicians should weigh indications for NSAIDs against both GI and cardiovascular risk factors determining if the patient is at risk for gastrointestinal events, (1) Age is more than 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 NSAIDs. The treater does not provide any GI risk assessment and there is no documentation that the patient is having any gastric side effects from the use of Naproxen. A routine use of omeprazole for prophylaxis without GI risk assessment is not recommended. The request is not certified.

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120: Upheld

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

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

Decision rationale: This patient presents with persistent pain of the low back and left upper extremity pain. The treating is requesting cyclobenzaprine 7.5mg #120. The MTUS Guidelines page 64 states cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Medical records indicated patient has been prescribed cyclobenzaprine since 03/28/2013. MTUS does not recommend long term use of muscle relaxants and recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. The requested cyclobenzaprine is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: 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 Chronic Opiates Page(s): 88-89.

Decision rationale: This patient presents with persistent pain of the low back and left upper extremity pain. The treating is requesting Tramadol 150mg #120. For chronic opiates use MTUS guidelines (MTUS pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of reports dated 03/28/2013 to 09/25/2013 do not provided adequate documentation of this medication's efficacy in terms of pain assessment and functional changes as required by the MTUS. The request is not certified.