

Case Number:	CM13-0047785		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2011
Decision Date:	02/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management 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:

This is a 42 year-old with an 11/3/2011 industrial injury claim. She is diagnosed with lumbar disc herniation; facet arthropathy of the lumbar spine; and SI joint dysfunction. The IMR application shows a dispute with the 10/31/13 UR decision to modify the use of cyclobenzaprine form #60 to allow #30 for weaning, and Tramadol ER #60 to allow #30 and the denial of Omeprazole. The UR letter is by [REDACTED] and was based on the 10/17/13 medical report from [REDACTED]. The 10/17/13 report shows the neck and back pain at 8/10, the patient was taking tramadol ER, Prilosec, Zanaflex, terocin cream. [REDACTED] states the medications did help decrease the pain by 30-50% temporarily and allows her to increase activity and sleep. [REDACTED] prescribed Tramadol ER 150mg, once a day, #60; Flexeril 7.5mg once a day #60; Prilosec 20mg once per day #60 and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically states cyclobenzaprine is not recommended over 3 weeks. The request was for cyclobenzaprine 7.5mg, 1 tab/day, #60 which is for 2 months or about 9 weeks. The prescription for cyclobenzaprine exceeds the Chronic Pain Medical Treatment Guidelines recommended duration. The request for Cyclobenzaprine 7.5 mg, 60 count, is not medically necessary or appropriate.

Tramadol ER 150 mg, 60 count:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Section Page(s): 88-89.

Decision rationale: The 6/20/13 report from [REDACTED] shows the patient was taking tramadol ER and had 6-7/10 pain. The 9/12/13 intake form, shows the patient still complains of 7/10 pain. The Chronic Pain Medical Treatment Guidelines criteria for opioids requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, Chronic Pain Medical Treatment Guidelines recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss pain levels with and without pain medications. There does not appear to be any overall improvement with pain or function levels as the pain remains at 7/10 over the past 4 months. Chronic Pain Medical Treatment Guidelines states ongoing documentation should include: Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The Chronic Pain Medical Treatment Guidelines reporting requirements for use of opioids has not been met. The request for Tramadol ER 150 mg, 60 count, is not medically necessary or appropriate.

Omeprazole 20 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The 6/20/13 report noted that patient was taking Ketoprofen and had GI issues. On 6/20/13 she was taken off NSAIDs and given omeprazole (Prilosec). The 10/17/13 report states the patient denies having GI complaints. The necessity for continuing Prilosec is not clear. The patient does not have any of the Chronic Pain Medical Treatment Guidelines GI risk factors and is not taking NSAIDs, and does not have GERD (gastroesophageal reflux disease). The use of Prilosec does not appear to be in accordance with Chronic Pain Medical Treatment Guidelines guidelines. The request for Omeprazole 20 mg, 60 count, is not medically necessary or appropriate.

