

Case Number:	CM13-0048004		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2008
Decision Date:	08/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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, 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 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 is a male patient with the date of injury of February 9, 2008. A Utilization Review was performed on October 16, 2013 and recommended non-certification of Omeprazole 20mg #30, Tramadol ER 150mg P.O. QD (Orally, Daily) #30, and Cyclobenzaprine 7.5mg P.O. QD #30. A Progress Report dated September 13, 2013 identifies Subjective Complaints of left shoulder pain and lower back pain. He is also has pain in the left chest region, especially with motion. Objective Findings identify positive tenderness in the paralumbar musculature, positive muscle spasm in the paralumbar musculature, decreased range of motion, positive straight leg raise bilaterally, diminished sensation in the S1 dermatomal distribution, positive Neer's test, positive Hawkin's test, positive AC (Acromiocalvicular) joint tenderness, positive AC joint compression test, resisted abduction strength is 4/5, and resisted external rotation strength is 4/5. Diagnoses identify low back pain, herniated disc lumbar spine; radiculitis lower extremity, right shoulder impingement syndrome, and chest pain. Treatment Plan identifies prescribed and dispensed Cyclobenzaprine, Diclofenac, Tramadol, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with Non-Steroid Anti-Inflammatory Drugs (NSAIDs) use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to Non-Steroid Anti-Inflammatory Drugs (NSAIDs) use, a risk for gastrointestinal events with Non-Steroid Anti-Inflammatory Drugs (NSAIDs) use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole 20mg #30 is not medically necessary and appropriate.

Tramadol ER (Extended Release) 150mg #30: 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 Page(s): 75-79.

Decision rationale: Regarding the request for Tramadol ER, California Pain Medical Treatment Guidelines state that Ultram ER is a long acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Tramadol is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol ER (Extended Release) 150mg #30 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or

objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5mg #30 is not medically necessary and appropriate.