

Case Number:	CM13-0049210		
Date Assigned:	05/14/2014	Date of Injury:	12/10/2007
Decision Date:	07/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/07/2013

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:

The injured worker is a 49-year-old female who reported an injury on 12/10/2007. The mechanism of injury was not provided for review. The injured worker ultimately underwent L4-S1 posterior lumbar interbody fusion. The injured worker's postsurgical pain was managed with physical therapy and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/14/2013. Physical findings included tenderness to palpation of the lumbar paravertebral musculature and pain with range of motion. The injured worker's treatment plan included additional physical therapy and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NAPROXEN SODIUM TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and 67.

Decision rationale: The requested prescription of naproxen sodium tablets are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends

continued use of nonsteroidal anti-inflammatory drugs in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not adequately assess the injured worker's pain levels and response to medication. There is no documentation of functional benefit related to medication usage. Additionally, the request as it is submitted does not provide a quantity, dosage, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the prescription of naproxen sodium tablets are not medically necessary or appropriate.

PRESCRIPTION OF OMEPRAZOLE DELAYED- RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovasular Risk Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested prescription of omeprazole delayed release is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal disturbances related to medication usage. Additionally, the request as it is submitted does not provide a quantity, frequency of treatment, or dosage. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested prescription of omeprazole delayed release is not medically necessary or appropriate.

PRESCRIPTION OF CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

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

Decision rationale: The requested prescription of cyclobenzaprine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of cyclobenzaprine in the management of chronic pain. California Medical Treatment Utilization Schedule recommends muscle relaxants be limited to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does not provide any evidence that the injured worker is experiencing an acute exacerbation of chronic pain. It is noted that the injured worker has been on this medication for an extended period of time. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the request as it is submitted does not clearly identify a dosage, frequency of treatment, or quantity. Therefore, the appropriateness of the request itself

cannot be determined. As such, the requested prescription of cyclobenzaprine is not medically necessary or appropriate.

PRESCRIPTION OF TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested prescription of tramadol is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefits, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, the most recent clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain relief or evidence of functional benefit related to medication usage. Therefore, continued use would not be supported. Also, the request as it is submitted does not provide a dosage, quantity, or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested prescription of tramadol is not medically necessary or appropriate.