

Case Number:	CM13-0050542		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2008
Decision Date:	03/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 41 year old male sustained an injury on 10/24/08. Requests under consideration include omeprazole DR 20mg #120, cyclobenzaprine HCl 7.5mg #120, and Tramadol ER 150mg #90. Report of 9/26/13 noted patient was being treated for neck and low back pain that have remained unchanged from prior appointments. Low back pain radiates into lower extremity with dysesthesia in L4 and L5 dermatome complaints. X-ray showed intact surgical fusion of L4-S1. Conservative care has included injections, acupuncture, chiropractic, and medications. Above requests were non-certified on 10/31/13 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:

Omeprazole DR 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 41 year-old male sustained an injury on 10/24/08. Report of 9/26/13 noted patient was being treated for neck and low back pain that have remained unchanged from prior appointments. Low back pain radiates into lower extremity with dysesthesia in L4 and L5

dermatome complaints. X-ray showed intact surgical fusion of L4-S1. Conservative care has included injections, acupuncture, chiropractic, and medications. This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) 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. Omeprazole DR 20mg #120 is not medically necessary and appropriate.

Cyclobenzaprine HCl 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: This 41 year old male sustained an injury on 10/24/08. Report of 9/26/13 noted patient was being treated for neck and low back pain that have remained unchanged from prior appointments. Low back pain radiates into lower extremity with dysesthesia in L4 and L5 dermatome complaints. X-ray showed intact surgical fusion of L4-S1. Conservative care has included injections, acupuncture, chiropractic, and medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. 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 cyclobenzaprine HCl 7.5mg #120 is not medically necessary and appropriate.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: This 41 year old male sustained an injury on 10/24/08. Report of 9/26/13 noted patient was being treated for neck and low back pain that have remained unchanged from prior appointments. Low back pain radiates into lower extremity with dysesthesia in L4 and L5 dermatome complaints. X-ray showed intact surgical fusion of L4-S1. Conservative care has included injections, acupuncture, chiropractic, and medications. 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 returned to 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 150mg #90 is not medically necessary and appropriate.