

Case Number:	CM13-0052816		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2011
Decision Date:	03/31/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 56-year-old male who reported an injury on 09/29/2011. The mechanism of injury was a fall. He was initially diagnosed with multiple musculoskeletal strains; however, his pain did not resolve in an appropriate time. The patient then received x-rays of the spine that showed degenerative changes, and was prescribed a course of occupational therapy. The patient has been utilizing medications and occasional sessions of physical therapy with minimal benefit, and was noted to develop radiating pain to the upper and lower extremities. On the most recent physical examination dated 08/21/2013, the patient was noted to be taking only Tylenol, and complained of tingling, numbness, and weakness to the bilateral lower extremities. On this date, the patient's cervical range of motion was noted to be 45 degrees of flexion, 25 degrees extension, 20 degrees of rotation, and lateral side bending of 25 degrees. There was a positive Spurling's maneuver and tenderness on palpation. Lumbar spine range of motion revealed to be 60 degrees flexion, 10 degrees extension, and side bending of 25 degrees. There was also tenderness to palpation, positive lumbar facet loading maneuver, spasms, and positive straight leg raising bilaterally at 50 degrees; however, description of pain distribution was not provided. The patient's motor strength was 4/5 to the bilateral upper and lower extremities and there was diminished sensation in the bilateral C5 and C6 dermatomes, as well as the bilateral L5 and S1 dermatomes. Although the patient's reflexes were 1+/4 to all extremities, they were symmetrical. MRI of the cervical spine done on 09/27/2013, revealed a 2.2 mm disc protrusion at C3-4, a 2.4 mm disc protrusion at C5-6, and no other abnormalities. An MRI of the lumbar spine performed on the same date, revealed grade 1 degenerative spondylolisthesis at L4-5 and a 1.8 mm disc bulge also at this level. There was also degenerative disc and facet disease with a 4 mm central disc protrusion at L5-S1 that contributed to central spinal canal stenosis. In 10/2013 the patient

was prescribed a course of chiropractic treatment; however, it is unclear if this was ever received. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: California MTUS/ACOEM Practice Guidelines recommend opioids in the treatment of moderate to severe chronic pain. The clinical information submitted for review reported that Ultram was first prescribed on 08/21/2013. CAMTUS/ACOEM Guidelines recommend initiating opioid therapy with a short acting opioid for intermittent pain or an extended release opioid for patients experiencing continuous pain. There should also be prophylactic treatment for constipation, goals associated to treatment, baseline pain and functional assessments as well as urine drug screen, and a signed pain agreement. At this time, a urine drug screen was obtained as were baseline pain and functional measurements. However, California MTUS/ACOEM Practice Guidelines recommend Ultram ER to be started at a dose of 100 mg daily, titrating upwards by 100 mg increments if needed, to a maximum dose of 300 mg per day. The patient was started on a dose of 150 mg, contrary to guideline recommendations. As such, guideline compliance was exceeded, and the request for 1 prescription of Ultram ER 150 mg #30 is non-certified.

Cyclobenzaprine 7.5mg #60: 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): 63-65.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend non-sedating muscle relaxants with caution, as a second-line option for short-term treatment in acute exacerbations of low back pain. Cyclobenzaprine, in particular, is recommended for a short course of therapy, not to be used longer than 2 to 3 weeks. The clinical information submitted for review, provided evidence that the patient was experiencing muscle spasms; however, the current request for a quantity of 60, to be taken twice daily, indicates a 1 month supply (4 weeks), and exceeds guideline recommendations of use of no greater than 3 weeks. As such, guideline requirements have not been met, and the request for 1 prescription of Cyclobenzaprine 7.5 mg #60 is non-certified.

Anaprox 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend NSAIDs as a short-term option for symptomatic relief of low back pain. Anaprox, in particular, is recommended at a dose of 275 mg to 550 mg twice daily. As the current request for a quantity of 60 (twice daily) is for a 1 month supply, and there is no evidence of refills being requested, it meets guideline recommendations for short-term use. Furthermore, the dosing is within guideline recommendations and therefore, the request for 1 prescription of Anaprox 550 mg #60 is certified.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend the use of proton-pump inhibitors if a patient exhibits risk factors associated with gastrointestinal events. These risk factors include being over 65 years of age; history of a peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The clinical information submitted for review did not provide any evidence that the patient had a history of gastrointestinal risk factors or is concurrently using aspirin, corticosteroids, or anticoagulants. Furthermore, he was not on a high dose or multiple use of NSAIDs, and he is under 65 years of age. As such, there is no indication for the use of proton-pump inhibitors and therefore, the request for 1 prescription of omeprazole 20 mg #60 is non-certified.

1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend the use of TENS to treat symptoms related to neuropathic pain, phantom limb pain, CRPS II, spasticity, and multiple sclerosis. Criteria for the use of TENS includes chronic and intractable pain related to

one of the previously listed conditions, documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a 1 month trial of the TENS unit should be documented as effective, by using objective measurements. Although the clinical notes submitted for review did provide evidence that the patient was experiencing muscle spasms, there was no evidence that prior medications had been tried and failed, or that a 30-day, home-based trial of the TENS unit had proven to be effective. As the current request does not detail whether this request is for a trial period or a purchase, guideline compliance can not be determined. As such, the request for 1 TENS unit is non-certified