

Case Number:	CM13-0057226		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2012
Decision Date:	04/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 62 year old female who reported an injury on 09/25/2012. The patient's diagnoses were noted to be cervical Myoligamentous sprain/strain, thoracic myofascitis, lumbar Myoligamentous sprain/strain, bilateral knees sprain/strain, gastritis and left carpal tunnel syndrome. The mechanism of injury was noted to continuous trauma. The objective findings included the patient had cervical spine tenderness to palpation at the level of C5-T1 and at the right trapezius musculature. There was restricted range of motion due to complaints of pain and the patient had a positive cervical distraction test. There was muscle spasms noted. The examination of the lumbar spine revealed tenderness to palpation in the lumbar paravertebral musculature. There was a positive straight leg raise on the right and restricted range of motion due to complaints of pain. Examination of the bilateral knees revealed tenderness to palpation in the medial and lateral joint line bilaterally and restricted range of motion due to complaints of pain. The treatment plan was noted to include Omeprazole 20 mg #60, Norco 5/325 #60, and Robaxin 500 mg #60, an MRI of the lumbar spine, physical therapy twice per week for 4 weeks and a consultation with a spine surgeon. The subsequent documentation on 10/24/2013 added medications of Naproxen 550 mg #60 and Tramadol 50 mg #60 as well as chiropractic care at the rate of twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. The request as submitted failed to indicate the quantity of medications being requested. Given the above, the request for Norco 5/325 is not medically necessary.

Tramadol 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain and there should be documentation of an objective increase in function, objective decrease in the VAS score and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review failed to meet the above criterion. Additionally, the patient was noted to be on the medication since 11/2012. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Tramadol 50 mg is not medically necessary.

Robaxin 500 mg: 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 Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as second line option for short term treatment of acute low back pain with duration of less than 3 weeks. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review indicated the patient had been taking muscle relaxants since 01/2013. There was a lack of documentation indicating a necessity for long term treatment. Additionally, there was a lack of documentation indicating the patient had objective functional improvement with the medications. There was a lack of documentation indicating the patient had trialed and failed a first line option. Robaxin and Methocarbamol are the same medication. As such, this request is a duplicate of request # 5. There was a lack of documentation indicting the quantity of medication being requested. Given the above, the request for Robaxin 500 mg is not medically necessary.

Methocarbamol Tab 500 mg: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as second line option for short term treatment of acute low back pain with duration of less than 3 weeks. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review indicated the patient had been taking muscle relaxants since 01/2013. There was a lack of documentation indicating a necessity for long term treatment. Additionally, there was a lack of documentation indicating the patient had objective functional improvement with the medications. There was a lack of documentation indicating the patient had trialed and failed a first line option. Robaxin and Methocarbamol are the same medication. As such, this request is a duplicate of request # 3. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for methocarbamol tab 500 mg is not medically necessary.

Omeprazole cap 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to indicate the patient had signs and symptoms of dyspepsia and/or the efficacy of the requested medication. The request as submitted failed to indicate a quantity of medication being requested. The patient was noted to be on the medication since 11/21/2012. Given the above, and the lack of documentation, the request for omeprazole capsules 20 mg is not medically necessary.

Naproxen 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: California MTUS Guidelines indicate that NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain and there should be an initial trial of acetaminophen for patients with mild to moderate pain. The request as submitted failed to indicate the quantity of medication being requested. The patient's pain level was 8/10. Given the above, the request for naproxen 550 mg is not medically necessary.