

Case Number:	CM13-0064370		
Date Assigned:	01/03/2014	Date of Injury:	10/05/2010
Decision Date:	05/16/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 Preventative Medicine and is licensed to practice in Oklahoma and Texas. 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 63-year-old female who reported an injury on 10/05/2010. The mechanism of injury was not provided. The injured worker's medication history included Non-Steroidal Anti-Inflammatory Drugs (NSAID), Tramadol, Omeprazole, and Muscle Relaxants as of 2012. The documentation of 12/11/2013 revealed the injured worker's pain was a 5, which was down from a 6/10 to 7/10. The injured worker's diagnoses were displacement of the lumbar intervertebral disc without myelopathy, lumbago, and degeneration of lumbar or lumbosacral intervertebral disc. The treatment plan included Omeprazole, Diclofenac, Tramadol, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF DICLOFENAC SODIUM 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was lack of documentation indicating the objective functional improvement and an objective decrease in pain with the medication usage. The request, as submitted, failed to indicate the quantity and frequency for the requested medication. Given the above, the request for prospective usage of diclofenac sodium 100 mg is not medically necessary.

PROSPECTIVE USAGE OF OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), page 69 Page(s): 69.

Decision rationale: California MTUS Guidelines recommend Proton pump inhibitors (PPI's) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the efficacy for the requested medication. The request, as submitted, failed to indicate the quantity and frequency for the requested medication. Given the above, the request for the prospective usage of omeprazole 20 mg is not medically necessary.

PROSPECTIVE USAGE OF TRAMADOL 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain And Ongoing Management Page(s): 60 & 78.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the above recommendations. The request, as submitted, failed to indicate the quantity and frequency for the requested medication. Given the above, the request for prospective usage of tramadol 150 mg is not medically necessary.

PROSPECTIVE USAGE OF CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 1 year. There was lack of documentation of objective functional improvement. The request, as submitted, failed to indicate the frequency and quantity for the medication being requested. Given the above, the request for prospective usage of cyclobenzaprine 7.5 mg is not medically necessary.