

Case Number:	CM13-0067116		
Date Assigned:	04/18/2014	Date of Injury:	08/22/2008
Decision Date:	07/14/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, 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 patient is a 34-year-old male who has filed a claim for cervical discopathy associated with an industrial injury date of August 22, 2008. Review of progress notes indicates persistent neck and low back pain. Findings include tenderness of the cervical and lumbar musculature with spasm. There is positive axial loading compression test and Spurling's maneuver for the cervical spine, and positive seated nerve root test for the lumbar spine. Patient also has tenderness of bilateral shoulders with positive impingement sign, tenderness of bilateral knees at the joint line with positive patellar compression test, tenderness of bilateral feet at the plantar fascia, and findings consistent with bilateral carpal tunnel syndrome. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), muscle relaxants, Cidaflex, Medrox ointment, physical therapy, shockwave treatment to bilateral heels, bilateral foot orthotics, and TENS (transcutaneous electrical nerve stimulation) unit. Utilization review from December 11, 2013 denied the requests for naproxen 550mg #100, cyclobenzaprine 7.5mg #120, omeprazole DR 20mg #120, and tramadol ER 150mg #90. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. There is note of use of this medication from progress notes of 2012. However, there is no recent documentation of any medications, or of any benefit being derived from medications. Additional information is necessary to support this request. The request for Naproxen 550mg, 100 count, is not medically necessary or appropriate.

CYCLOBENZAPRINE 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 (for pain) Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no documentation regarding acute exacerbation of pain to support this request. The request for Cyclobenzaprine 7.5mg, 120 count, is not medically necessary or appropriate.

OMEPRAZOLE DR 20MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of a PPI (proton pump inhibitor) for greater than one year has been shown to increase the risk of hip fracture. There is note of use of this medication from progress notes of 2012. However, there is no recent documentation of any medications. This patient does not present with any of the abovementioned risk factors to support the necessity of this medication. The request for Omeprazole DR 20mg, 120 count, is not medically necessary or appropriate.

TRAMADOL ER 150MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of patient's current medication regimen, and it is unclear whether the patient is currently taking opioids or not. However, there is no documentation regarding failure of non-opioid analgesics, goals of therapy with this medication, and baseline assessments to support this request. The request for Tramadol ER 150mg, ninety count, is not medically necessary or appropriate.