

Case Number:	CM13-0069450		
Date Assigned:	01/03/2014	Date of Injury:	03/20/2007
Decision Date:	04/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 Pain Management, and is licensed to practice in Texas and Oklahoma. 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 31-year-old female who reported an injury on 03/20/2007. The mechanism of injury was not provided. The note dated 11/11/2013 indicated the patient had complaints of neck pain rated at 7/10, mid back pain rated at 7/10, and low back pain rated at 7/10. The patient reported that her neck and low back pain flare-ups failed to improve with home self therapy. It was noted the patient was currently taking Vicodin and utilizing creams to alleviate pain symptoms. Diagnoses provided were cervical disc syndrome, cervical spine herniated nucleus pulposus, thoracic disc syndrome, low back syndrome, and lumbar spine herniated nucleus pulposus. It is noted the patient was taking Omeprazole as directed to protect the stomach. It was noted the patient was taking Flexeril, a muscle relaxant, to reduce muscle spasm. It was noted the patient was taking Tramadol to reduce pain. It was noted the physician was ordering a transcutaneous nerve stimulator (TENS) with lead set battery to reduce the patient's pain and minimize the use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Amrix®, Fexmidaz, generic available) Page(s): 64.

Decision rationale: The request for Flexeril is non-certified. The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. The records submitted for review failed to include documentation of the duration the patient had been taking Flexeril. In addition, the records submitted for review failed to include documentation of effectiveness, objective functional improvement, and the occurrence or non-occurrence of side effects while taking Flexeril. Furthermore, the request for Flexeril failed to include the dosage and quantity being requested. As such, the request for Flexeril is not supported. Therefore, the request is non-certified.

TRAMADOL TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Tramadol Page(s): 84.

Decision rationale: The request for Tramadol twice daily is non-certified. The California MTUS states that a recent Cochran review found that Tramadol decreased pain intensity, produced symptom relief, and improved function for a time period of up to 2 months, but the benefits were very small. The records submitted for review failed to include the duration the patient had been taking Tramadol. Furthermore, the records submitted for review failed to include documentation of measurable pain relief using VAS, objective functional improvement, and the occurrence or non-occurrence of side effects. Furthermore, the request for Tramadol twice daily failed to include a dosage and a quantity in the request. As such, the request for Tramadol twice daily is not supported. Therefore, the request is non-certified.

TENS UNIT WITH LEAD SET BATTERY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for TENS unit with lead set battery is non-certified. The California MTUS states that transcutaneous electric nerve stimulator (TENS) is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option if used in adjunct to a program of evidence based functional restoration for the following conditions: neuropathic pain, CRPS II, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. The records provided for review failed to include documentation that the TENS would be used in adjunct to a program of

evidence based functional restoration and failed to include documentation of a diagnosis of neuropathic pain, CRPS II, phantom limb pain, spasticity in spinal cord injury, or multiple sclerosis. In addition, the request failed to indicate if it was for a 1 month home-based TENS trial or the purchase of a TENS unit with lead set battery. As such, the request for TENS unit with lead set battery is not supported. Therefore, the request is non-certified.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI& cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole is non-certified. The California MTUS states that the physician should determine if the patient is at risk for gastrointestinal events such as greater than age 65; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. Long term PPI use greater than 1 year has been shown to increase the risk of hip fracture (adjusted odds ration 1.44). The records provided for review failed to include documentation that the patient was at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, GI bleed, perforation, or concurrent use of ASA, corticosteroids, anticoagulant, or high dose/multiple NSAIDs. In addition, the documentation submitted for review failed to include documentation of duration that the patient had been taking Omeprazole. Furthermore, the request for Omeprazole failed to include dosage and quantity in the request. As such, the request for Omeprazole is not supported. Therefore, the request for Omeprazole is non-certified.