

Case Number:	CM13-0070308		
Date Assigned:	01/03/2014	Date of Injury:	04/09/2013
Decision Date:	06/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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, and is licensed to practice in Nevada. 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:

Let the records reflect that this 38-year-old individual sustained an injury on April 9, 2013. Mechanism of injury is not listed. The claimant reported an improvement regarding their neck pain and leg pain; however, the claimant continued to suffer from low back pain on the right at their last two visits on November 12 and December 17, 2013. Examination of the cervical spine demonstrates tenderness. Examination of the lumbar spine reveals tenderness in the mid-distal segments, there is pain with motion. Diagnosis included cervical/lumbar discopathy, lumbar segmental instability, and rule out double crush syndrome. Treatment has included physical therapy, chiropractic care and medications to include Naproxen 550 mg, Omeprazole 20 mg, Cyclobenzaprine Hydrochloride 7.5 mg and Tramadol Hydrochloride ER150 mg. There were no imaging studies available for review. Previous non-certification for the Naproxen, Prilosec, Cyclobenzaprine, and Tramadol Hydrochloride ER was based on a progress note dated December 7, 2013 by [REDACTED] stating the patient had an acute exacerbation of severe back pain stating: Naproxen was not indicated for the treatment of acute low back pain; Omeprazole was only indicated if Naproxen is certified; Cyclobenzaprine was only indicated for acute exacerbations of back pain; Tramadol was not indicated for the long-term use and the lack of improvement in function which was previously document.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 66

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of Naproxen for the relief of signs and symptoms associated with osteoarthritis. Although patient reports chronic back pain, there were no imaging studies available which documented osteoarthritis of the lumbar spine. The request for naproxen sodium 550mg, 100 count, is not medically necessary or appropriate.

OMEPRAZOLE DR 20MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PROTON PUMP INHIBITORS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of proton pump inhibitors in the treatment of gastroesophageal reflux disease and is considered a gastric protectant for individuals utilizing nonsteroidal anti-inflammatory medications. The claimant has no history of dyspepsia, ulcers or reflux documented in the available medical record. The request for Omeprazole DR 20mg, 120 count, is not medically necessary or appropriate.

CYCLOBENZAPINE HYDROCHLORIDE 7.5MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 41

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of skeletal muscle relaxants as a 2nd line option for short-term treatment of acute low back pain; however, these show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain or overall improvement. The request for cyclobenzapine hydrochloride 7.5mg, 120 count, is not medically necessary or appropriate.

TRAMADOL HYDROCHLORIDE ER 150 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines classify Tramadol as a central acting synthetic opiate analgesic which is not recommended as a first-line oral analgesic. Opiates should be reserved for short-term pain relief and their long-term efficiency is unclear (greater than 16 weeks). The claimant has had low back pain over sixteen weeks and medical records indicate continued symptomology of the lumbar spine after Tramadol was prescribed on May 21, 2013. The request for Tramadol hydrochloride ER 150 mg, ninety count, is not medically necessary or appropriate.