

Case Number:	CM14-0006014		
Date Assigned:	03/03/2014	Date of Injury:	05/08/2011
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 60-year-old male who has filed a claim for lumbar discopathy associated with an industrial injury date of May 08, 2011. Review of progress notes indicates low back pain radiating to the lower extremities with numbness and tingling. Findings include tenderness of the lumbar region, pain upon terminal motion, positive seated nerve root test, dysesthesia at the L5-S1 dermatomes, and weakness in the toes and ankles. Regarding the left shoulder, there was pain upon terminal motion. Electrodiagnostic evaluation of the bilateral lower extremities dated January 09, 2014 showed chronic right S1 radiculopathy. MRI of the lumbar spine dated January 07, 2014 showed annual tear at L5-S1 disc, mild spinal stenosis at L4-5, and multilevel mild foraminal narrowing. Treatment to date has included NSAIDs, opioids, Gabapentin, triptans, muscle relaxants, Toradol and B12 injections, shoulder injections, and left shoulder arthroscopic surgery. Utilization review from December 18, 2013 denied the requests for 100 naproxen 550mg as there is no documentation regarding efficacy of this medication; 120 Cyclobenzaprine 7.5mg as it is not recommended for long-term use; and 120 omeprazole 20mg as there is no documentation regarding increased GI risk in this patient. There is modified certification for tramadol ER 150mg for 68 as there is no documentation of benefits derived from this medication, and weaning has been initiated.

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 NSAID Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS 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. Patient has been on this medication since May 2011. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for 100 naproxen 550mg was not medically necessary.

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 Relaxant Page(s): 63-66.

Decision rationale: As stated on CA MTUS 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. 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. Patient has been on this medication since at least May 2011. There is no documentation regarding acute exacerbation of low back pain. Also, this medication is not recommended for long-term therapy. Therefore, the request for 120 cyclobenzaprine 7.5mg was not medically necessary.

TRAMADOL ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Patient has been on this medication since June 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for 90 tramadol ER 150mg was not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS 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 > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since May 2011. There is no documentation regarding the above-mentioned risk factors in this patient. Therefore, the request for 120 omeprazole 20mg was not medically necessary.