

Case Number:	CM14-0006301		
Date Assigned:	03/03/2014	Date of Injury:	12/09/2002
Decision Date:	07/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 55 year old male with an injury reported on 12/09/2002. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/09/2013, reported that the injured worker complained of chronic low back pain, with a slight increase paresthesia to the right leg. The physical examination findings reported tenderness in the lumbar paraspinal muscles. Range of motion to the injured worker's lumbar spine demonstrated flexion to 80 degrees, extension to 10 degrees, lateral right and left to 10 degrees. Motor strength was noted as 5/5 in the lower extremities. The injured worker's prescribed medication regimen included ultram, omeprazole, and alprazolam. The injured worker's diagnoses included chronic low back pain. The provided requested Ultram, Omeprazole, and Flexeril; the rationale was not provided in clinical information. The request for authorization was submitted on 01/13/2014. The injured worker's prior treatments included a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #90 FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The request for omeprazole 20mg # 90 for three months is not medically necessary. The injured worker complained of chronic low back pain, with a slight increase in paresthesia to the right leg. It was noted the injured worker reported tenderness in the lumbar region. The injured worker's prescribed medication regimen included Ultram, omeprazole, and alprazolam. According to the California MTUS guidelines proton pump inhibitors are recommended with precautions with long-term, as use longer than one year has been shown to increase the risk of hip fracture. There is a lack of documentation of gastrointestinal symptoms reported by the injured worker that would warrant the use of a proton pump inhibitor. It did not appear the injured worker has a history of gastrointestinal bleeding, peptic ulcer, or perforation. Therefore, the request is not medically necessary.

FLEXERIL 10MG #90 FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41.

Decision rationale: The request for flexeril 10mg # 90 for three months is not medically necessary. The injured worker complained of chronic low back pain, with a slight increase in paresthesia to the right leg. It was noted the injured worker reported tenderness in the lumbar region. The injured worker's prescribed medication regimen included Ultram, omeprazole, and alprazolam. The CA MTUS recommends Flexeril for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. There is a lack of clinical evidence indicating the injured worker has significant muscle spasms. It is also unclear if the injured worker has utilized the medication previously as well as its efficacy. The requesting physician's rationale is unclear. Hence, the request is not medically necessary.

Ultram 50mg #180 for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) Page(s): 113.

Decision rationale: The request for Ultram 50mg #180 for 3 months is not medically necessary. The injured worker complained of chronic low back pain, with a slight increase in paresthesia to the right leg. It was noted the injured worker reported tenderness in the lumbar region. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the efficacy of Ultram as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 3

refills is excessive for concurrent medical treatment. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity.