

Case Number:	CM14-0009092		
Date Assigned:	02/14/2014	Date of Injury:	05/20/1991
Decision Date:	07/08/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 and 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 65-year-old female who reported a motor vehicle accident on 05/20/1991. In the clinical note dated 10/17/2013, the claimant complained of constant aching neck pain with a pain level status of 8/10 and pain that radiated to the left elbow and fingers with numbness and weakness in the left arm. It was noted that the pain was worse with sitting, repetitive lifting and carrying, repetitive hand and arm movements, and repetitive overhead reaching. The claimant stated that the medication cyclobenzaprine helped to relieve the pain. It was also noted that the claimant had increased low back pain since the prior visit. It was documented that there was also constant right knee pain with the pain level status of 7/10 and the pain radiated to the right foot with weakness in the right ankle and that the medications helped to relieve the pain. In the physical examination of the cervical spine the range of motion was noted as flexion 20/50 degrees, extension 20/60 degrees, right rotation 20/80 degrees, left rotation 20/80 degrees, right lateral flexion 10/45 degrees, and left lateral flexion 10/45 degrees. The physical examination of the lumbosacral spine revealed decreased range of motion, which elicited pain. The physical examination of the left knee revealed pain with range of motion and tenderness to palpation in the medial aspect of the knee. The diagnoses included cervicalgia, (neck pain), pain in left elbow, sprain/strain to the lumbar spine, and pain in the lower leg. The Treatment plan included a request for an MRI of the left knee to evaluate left knee derangement, prescribed medications of Cyclobenzaprine HCL 7.5 mg #90, Tramadol HCL ER 150 mg #45, Naproxen sodium 550 mg #90, Pantoprazole sodium DR 20 mg #60, Flurbiprofen 20%/Tramadol 20% in Mediderm base to apply a thin layer 3 times a day as needed, and a request for DNA testing. A follow-up appointment was to be scheduled in 1 month. A request for authorization for Cyclobenzaprine 7.5 mg #90, Tramadol ER 150 mg #30, Naproxen sodium 550 mg #90, and Omeprazole 20 mg #60; rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 40, 63.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended as an option, for a short course of therapy. The effect of cyclobenzaprine is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In the clinical notes provided for review, there is a lack of documentation of the injured worker having muscle spasms upon physical examination of the lumbar spine. There is also lack of evidence of pain and range of motion of the lumbar spine with previous use of cyclobenzaprine. The request for Cyclobenzaprine 7.5 MG #90 also exceeds the recommendation of a short course of therapy. Furthermore, the frequency of the prescribed medication is not specified within the request. Therefore, the request for Cyclobenzaprine 7.5 mg #90 is not medically necessary and appropriate.

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 80, 93.

Decision rationale: The California MTUS Guidelines state that opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of a re-assessment and consideration of alternative therapy. Tramadol is indicated for moderate to severe pain. The analgesic dose recommended for extended release for injured workers who are not currently on immediate release tramadol should be started at a dose of 100 mg once daily. The dose should be titrated upwards by 100 mg increments if needed (max dose of 300 mg per day). In the clinical notes provided for review, there is a lack of documentation indicating the injured worker has significant objective functional improvement

with the medication. The MTUS Guidelines recommend that Tramadol extended release be started at 100 mg and then titrated upwards by 100 mg increments if needed. The request for Tramadol ER 150 mg #30 exceeds the recommended dosage. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for Tramadol ER 150mg #30 is not medically necessary and appropriate.

NAPROXEN SODIUM 550 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

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

Decision rationale: The California MTUS Guidelines state that NSAIDs (nonsteroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. In this case, there is no evidence to recommend 1 drug in this class over another based on efficacy. There is also lack of documentation of the efficacy of the medication as evidenced by decreased pain and significantly increased functionality. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Naproxen Sodium 550 MG, #90 is not medically necessary and appropriate.

OMEPRAZOLE 20 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The California MTUS Guidelines state that it should be determined if the injured worker is at risk for gastrointestinal events if the age is greater than 65 years, there is history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anti-coagulant, or high dose/multiple NSAID (e.g. NSAID plus low dose ASA). In the clinical notes provided for review, there is lack of evidence of the injured worker having gastrointestinal issues. There is a lack of documentation indicating the medication provided significant relief of symptoms. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Omeprazole 20 mg, #60 is not medically necessary and appropriate.