

Case Number:	CM14-0104600		
Date Assigned:	08/04/2014	Date of Injury:	10/26/1995
Decision Date:	09/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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:

Patient is a 60-year-old female who has submitted a claim for lumbar myofascial pain, lumbar radiculitis, lumbar intervertebral disc disease, cervical myofascial pain, cervical radiculitis, and trigger thumb bilaterally associated with an industrial injury date of 10/28/1995. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity, rated 8/10 in severity and relieved to 6/10 upon intake of medications. It also allowed her to perform activities of daily living, including light housework, short walks, and regular family activities. Physical examination of the lumbar spine showed tenderness and restricted motion. Upon lumbar extension, pain radiated to the left lower extremity. Tenderness was noted at bilateral thumb. Urine drug screen from 6/14/2014 showed consistent results with prescribed medications. Treatment to date has included lumbar fusion surgery on 2006, cervical fusion surgery on 2007, physical therapy, TENS unit, massage, home exercise program, acupuncture, chiropractic care, and medications such as naproxen, Flexeril, tramadol, Norco, and Ambien (all since 2013), and Cymbalta (since January 2014). Utilization review from 6/3/2014 denied the request for Tramadol 60mg #90 because there was no evidence of functional improvement; denied Naproxen Sodium 500mg #60 because long-term use was not recommended and there was no evidence of functional improvement with medication use; denied Protonix 40mg #30 because of no subjective gastrointestinal complaints; denied Ambien 10mg Quantity Unspecified because there was no evidence of insomnia; denied Flexeril 10mg #60 because long-term use was not recommended; and denied Cymbalta 30mg #30 because there was no indication that patient had depression or anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 60mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since 2013. Patient complained of low back pain, rated 8/10 in severity and relieved to 6/10 upon intake of medications. It also allowed her to perform activities of daily living, including light housework, short walks, and regular family activities. Furthermore, urine drug screen from 6/14/2014 showed consistent results with prescribed medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for Tramadol 60mg #90 is medically necessary.

Naproxen Sodium 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naproxen since 2013. Patient reported symptom relief with medication use; however, long-term use was not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Naproxen Sodium 500mg #60 is not medically necessary.

Protonix 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Protonix 40mg #30 is not medically necessary.

Ambien 10mg Quantity Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, :Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem section.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since 2013. However, there was no subjective complaint of insomnia. There was also no discussion concerning sleep hygiene. There was no clear indication for this medication. Long-term use is likewise not recommended. Therefore, the request for Ambien 10mg Quantity Unspecified is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, sedating 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. In this case, the patient has been on Flexeril since 2013. The most recent physical examination failed to show evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Flexeril 10mg #60 is not medically necessary.

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient's clinical manifestations are consistent with neuropathic pain. Patient has been on Cymbalta since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. There was also no subjective complaint of depression. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cymbalta 30mg #30 is not medically necessary.