

Case Number:	CM14-0109111		
Date Assigned:	09/19/2014	Date of Injury:	03/25/2014
Decision Date:	11/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain 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:

This is a female patient who sustained an industrial injury on 03/25/14. Mechanism of injury occurred when the patient lost her balance while carrying a small blocks. Diagnosis is cervical degenerative disc disease. Previous treatment has included oral medications, physical therapy, and diagnostic imaging studies. There are multiple handwritten mostly illegible progress notes included for review. On 06/25/14, requests for Retro Voltaren XR 100mg, #30, 1Tablet by Mouth Daily, Refill:0, Retro Flexeril 10mg, #90, 1Tablet by Mouth Three Times Daily, Refill:0, Retro Omeprazole 20mg, #60, 1 Capsule by Mouth Daily, Refill:0: and Retro Tramadol ER 150mg, #60 1 Capsule by Mouth Daily, Refill:0 were non-certified at utilization review. Voltaren XL R was non-certified as NSAIDs are recommended as an option only for short-term use the patient has been prescribed long-term NSAIDs without any significant derived benefit. Flexeril was non-certified as muscle relaxants are recommended only for short-term use for acute spasm in the lumbar spine. There is no documentation of spasm on exam the patient has been taking this medication for longer than 3 weeks. Omeprazole was non-certified as long-term use of proton pump inhibitors over a year has been shown to increase the risk of hip fracture and the patient is not at intermediate risk for GI events. Tramadol was non-certified as opioids are not intended for long-term use and there was no documentation that prescriptions were from a single practitioner, taken as directed, lowest possible dose was prescribed or that there was ongoing review and documentation of pain relief, functional status, appropriate medication use or side effects. Most recent progress note dated 05/14/14 revealed the patient presented reporting continued complaints of pain described as burning with constant tightness at the base of her neck. She gets occasional spasm. She reports using her friend's pool which helps her pain. She reported a pain level without medications of 80-9/10 and with medications 4-5/10. Current medications were reported as tramadol ER, Flexeril, and ibuprofen. Physical examination

revealed paraspinal and posterior lateral muscle tightness with myofascial restriction to the cervical spine. Strength is 5-/5 in the bilateral upper extremities in all planes. Sensation is diminished in the right upper extremity at the C5-extremity tone. Reflexes were 2 bilaterally. Spurling sign was negative but elicits pain. Cervical range of motion was diminished. There is trigger point tenderness at C2-C7 right greater than left. She was advised to continue with physical therapy and massage therapy tenderness was noted she would be considered for acupuncture, cervical epidural steroid injections, and/or chiropractic therapy in the future. Medications are refilled. It was noted the patient has a signed opioid agreement and a CURES report was obtained and reviewed, noting to be consistent with what she is taking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren XR 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient has chronic pain and long-term use of NSAIDs is not recommended. The patient has been taking NSAIDs since the initial injury without any noted functional benefit as a result. Retrospective Voltaren XR 100mg #30 is not medically necessary.

Retrospective Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics.

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

Decision rationale: The CA MTUS indicates that 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no significant functional benefit noted with use of muscle relaxants. As there is no indication this patient is currently experiencing an acute flare-up of symptoms, and date of injury is noted to be in 03/2014, ongoing use of this medication is not supported by guidelines criteria. Retrospective Flexeril 10mg #90 is not medically necessary.

Retrospective Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The CA MTUS indicates "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Medical documentation provided for review does not support the need for PPI therapy. Documentation does not describe current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modification, and documentation does not describe risk factors for GI bleed to warrant prophylaxis. The patient is not over age 65, and is not on multiple/high dose NSAIDs. Retrospective Omeprazole 20mg #60 is not medically necessary.

Retrospective Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there no indication of significant functional benefit or return to work as a result of opioid use. Urine drug screen is not provided to confirm medication compliance and screen for illegal substances and aberrant behavior. Objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Retrospective Tramadol ER 150mg #60 is not medically necessary.