

Case Number:	CM14-0109500		
Date Assigned:	08/01/2014	Date of Injury:	12/08/2013
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
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 and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 12/08/2013 after being struck by a moving set. Current diagnoses include lumbar sprain/strain, L4-5 disc protrusion, and L5-S1 disc protrusion. A Request for Authorization form was submitted on 03/17/2014 for Cyclobenzaprine 7.5mg, Omeprazole 20mg, and Tramadol ER 150mg. The injured worker was evaluated on 03/17/2014 with complaints of persistent lower back pain. It was noted that the injured worker had been previously treated with medication and physical therapy. The current medication regimen includes Alendronate 70mg, Vitamin D, Naproxen 500mg, Soma 350mg, and Tylenol with Codeine. The injured worker also utilized over-the-counter Aleve on an as needed basis. Physical examination revealed tenderness to palpation of the paralumbar muscles bilaterally, 2+ muscle spasm, limited lumbar range of motion, and positive straight leg raising bilaterally. The injured worker was issued prescriptions for Cyclobenzaprine 7.5mg, Omeprazole 20mg, and Tramadol ER 150mg. The injured worker was also issued a prescription for a compounded cream and referred for physical therapy and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.6 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended as a nonsedating second line options for the short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no frequency listed in the request. Therefore, the request for Cyclobenzaprine is not medically appropriate.

APAP W/Codeine 300 / 30 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: The California MTUS Guidelines state Codeine is recommended as an option for mild to moderate pain as indicated. It is widely used as a single agent or in combination with acetaminophen and other products for the treatment of mild to moderate pain. According to the documentation submitted, the injured worker has utilized this medication for an unknown duration. There is no documentation of objective functional improvement. Therefore, the request for APAP w/Codeine is not medically necessary.

Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a written pain consent or agreement for chronic use of an opioid. Therefore, the request for Tramadol ER is not medically necessary. .