

Case Number:	CM14-0013983		
Date Assigned:	02/26/2014	Date of Injury:	02/12/2013
Decision Date:	07/16/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 Nevada. 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 64-year-old male was injured on February 12, 2013. A modified endorsement of the use of the medication Tramadol and Remeron are noted. It is noted there were complaints of neck pain, back pain, bilateral shoulder and bilateral knee pain. Physical examination noted a decrease in cervical spine range of motion as well as a positive Spurling maneuver. A decrease in lumbar spine range of motion associated with tenderness and muscle guarding is reported. Plain films noted multiple level degenerative changes in the cervical spine, right shoulder, lumbar spine (with retrolisthesis) and bilateral knees. Treatment included medications. Follow-up evaluations are rather boilerplate and no acute interventions or improvements are reported. The recent progress notes indicate the pain levels to continue to be 8/10. A course of acupuncture therapy has been completed and no significant improvement is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG, #30: Overturned

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

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

Decision rationale: This is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There are numerous proton pump inhibitors available over the counter without a prescription. However, there are gastric complaints. Therefore, the use of this medication is medically necessary at this time. It is recommended for certification Chronic Pain Medical Treatment Guidelines. The use of this medication, however, is not clearly related to the work injury.

TRAMADOL 50 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 86.

Decision rationale: Tramadol is a semisynthetic opioid preparation. As outlined in the chronic pain section, the use of opioids is not recommended unless there is a specific efficacy objectified. As the pain level continued to be 8/10 with a greater than one-year history of use of this medication, there is no noted efficacy. As such, there is no clinical indication that the continued use of this preparation is medically necessary under the Chronic Pain Medical Treatment Guidelines.

IMITREX: Upheld

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

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; updated May, 2014.

Decision rationale: The records reflect ongoing complaints of headache. However, there is no data to suggest the use of this medication has had any success in addressing these headache complaints. Therefore, based on the long-term use of this medication without any noted improvement, there is insufficient clinical evidence presented to support this request under the Official Disability Guidelines (ODG).

FEXMID 7.5 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: This medication is a Cyclobenzaprine and as outlined in the chronic pain section (MTUS 2009), the medical necessity for the chronic long-term use of this type of medication has not been established. Furthermore, when noting the multiple physical examinations reporting ongoing muscle spasm, it is clear that there is no efficacy or utility with the continued use of this preparation. As such, there is no clinical indication for this medication.

REMERON: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: This is a tricyclic antidepressant medication. While noting these are a first-line agent, there is a contraindication if these would be ineffective. As outlined in the Chronic Pain Medical Treatment Guidelines there is no significant improvement noted in the depression complaints. Also, there does not appear to be any utility or efficacy with the ongoing uses of this preparation. As such, this request is not clinically indicated.

A CERVICAL SPINE TRACTION TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As outlined in the cervical spine chapter of the ACOEM guidelines, home traction is not thought to be clinically indicated and is not recommended for chronic pain. Therefore, this request is not clinically indicated.