

Case Number:	CM14-0014074		
Date Assigned:	02/26/2014	Date of Injury:	10/13/2012
Decision Date:	07/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational 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:

The patient is a 38-year-old male who has filed a claim for lumbar discopathy associated with an industrial injury date of October 13, 2012. Review of progress notes indicates low back pain. Findings include tenderness over the mid to distal lumbar segments, pain upon terminal motion, positive seated nerve root test, and dysesthesia at the right S1 dermatome. Electrodiagnostic testing dated August 20, 2013 was unremarkable. MRI of the lumbar spine dated August 16, 2013 was unremarkable. Treatment to date has included physical therapy. Utilization review from January 07, 2014 denied the requests for 120 naproxen 550mg as there was no documentation of failure of previous treatments or first-line medications; 120 cyclobenzaprine 7.5mg as there was no documentation of significant muscle spasm; 120 omeprazole DR 20mg as there was no documentation of GI complaints or risk for developing GI complications; and 90 tramadol ER150mg as there was no documentation regarding failure of first-line drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 NAPROXEN 550 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67,69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Although this medication is a reasonable option to manage the patient's pain symptoms, additional information is necessary as the submitted progress notes do not document the patient's current medication regimen. Previous utilization review determination, dated January 22, 2014, has already certified this request for 1 year coverage. Therefore, the request for 120 Naproxen 550mg is not medically necessary.

120 CYCLOBENZAPRINE 7.5 MG: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. In this case, there is no documentation of acute exacerbation of symptoms or of significant muscle spasms to support this request. Therefore, the request for 120 Cyclobenzaprine 7.5mg was not medically necessary.

120 OMEPRAZOLE DR 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms And cardiovascular Risk.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. There is no documentation that this patient has the abovementioned risk factors to support this request. Therefore, the request for 120 Omeprazole DR 20mg was not medically necessary.

90 TRAMADOL ER 150 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82.

Decision rationale: According to pages 76-78 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is indicated for moderate to severe pain. It may increase the risk of seizure especially in patients taking SSRIs, TCAs, and other opioids. It may produce serotonin syndrome when used concomitantly with SSRIs, SNRIs, TCAs, MAOIs, and triptans or drugs that impair serotonin metabolism. In this case, there is no documentation of the patient's current medication regimen. There is no indication that the patient has failed first-line non-opioid analgesics. Previous utilization review determination, dated January 22, 2014, has already certified this request for 1 year coverage. Therefore, the request for 90 Tramadol ER 150mg is not medically necessary.