

Case Number:	CM14-0014493		
Date Assigned:	02/28/2014	Date of Injury:	09/27/2003
Decision Date:	08/06/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

The 43 year old male injured worker with a date of injury of 9/27/03 had with related neck, back, left shoulder, and bilateral knee pain. Per progress report dated 1/8/14, he stated his medications helped his relieve his pain, stating Ultram takes it from 9/10 to 3/10 in intensity. Per physical exam of the cervical spine, the range of motion was slightly decreased, tenderness to the paraspinals and trapezius muscles was noted, there was decreased strength 4/5 bilaterally at C5-C8, sensation was decreased also in C5-C8 dermatomes bilaterally. Per physical exam of the lumbar spine, there was tenderness over the scapula, strength was decreased 4/5 with flexion and abduction. An MRI of the lumbar spine dated 12/19/13 revealed at the L5-S1 disc space, there was a 2-3 mm bulge, in the annulus with a more focal left lateral protrusion and annular tear without displacement of the left S1 root sleeve within the lateral recess or compromise of the L5 nerve root within the proximal left foramen. There is a central annular fissure. There was a minimal retrolisthesis and minor degenerative changes of the right facet joint. At the L4-L5 disc space, a 2mm predominantly left lateral bulge in the annulus with a peripheral annular tear was present. This was seen contiguous without displacing the sensory root ganglion. There was no central canal stenosis. The treatment to date has included physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Per the latest progress report submitted for review, spasm was not noted among the physical exam findings. The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.

OMEPRAZOLE DR 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDS, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a proton-pump inhibitor (PPI). The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of PPI in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events. These events include an age greater than 65 years; a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed.

TRAMADOL HCL ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Of Opioids, Weaning Of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, page 78, regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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. A review of the available medical records reveal no documentation to support the medical necessity of Tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The latest progress report dated 1/8/14 documents pain relief secondary to the use of this medication, bringing pain down from 9/10 to 3/10 in intensity. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medical necessary.