

Case Number:	CM14-0015330		
Date Assigned:	02/28/2014	Date of Injury:	11/26/2011
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; muscle relaxants; transfer of care to and from various providers in various specialties, earlier lumbar discectomy in April 2013; and a cane. In a Utilization Review Report dated January 15, 2014, the claims administrator seemingly denied a request for tramadol, Neurontin, and cyclobenzaprine. The claims administrator did not clearly state which guidelines were cited and did not seemingly incorporate the guidelines into its rationale for the denial of tramadol and Neurontin, although it did seemingly do so in the case of cyclobenzaprine or Flexeril. The applicant's attorney subsequently appealed. An October 14, 2013 progress note is notable for comments that the applicant was status post earlier lumbar discectomy surgery on April 24, 2013. The applicant was receiving cognitive behavioral therapy. The attending provider stated that the applicant had persistent complaints of sleep disturbance, low back pain, and left groin pain. The applicant is having difficulty with standing, walking, reaching, lifting overhead, kneeling, squatting, and bending. The applicant is having anxiety and depression related to pain, it is further noted. The applicant stated that Flexeril was relieving muscle spasms and the Protonix has been given for gastrointestinal prophylactic purposes. The attending provider stated that Ultram was working well but did not detail how Ultram is helping. It was stated that Neurontin was helping the applicant's sleep. It was stated that authorization was being sought for a functional restoration program. The applicant was apparently not working, it appeared. Another note of October 11, 2013 was notable for comments that the applicant was having ongoing issues of low back pain, 8/10. It was stated that the applicant felt that the medications, including Ultram, were wearing off. The applicant was reportedly sleeping better at

night and exhibited an antalgic gait. It was stated that the applicant was doing home exercises, although this was not elaborated or expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG ONE TABLET AT NIGHT FOR ONE WEEK THEN 2 TABLETS AT NIGHT FOR A WEEK THEN 3 TABLETS AT NIGHT THEREAFTER #120; 07/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on the attending provider to document improvement in pain and function with ongoing gabapentin usage. In this case, however, there have been no clearly documented improvements in pain and/or function with ongoing gabapentin usage. The attending provider stated on some occasions that gabapentin has helped the applicant with sleep; however, the remainder of the information on file suggested that the applicant is severely limited in terms of performance of even basic activities of daily living such as sitting, standing, walking, lifting, bending, etc. Continuing gabapentin, on balance, does not appear to be indicated. The applicant does not appear to have achieved the requisite improvements in pain or function through ongoing usage of the same.

PANTOPROZOLE-PROTONIX 20 MG 1-2 DAILY #60; 07/12/2013: Upheld

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

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

Decision rationale: The attending provider has indicated that he intends to employ Protonix for gastrointestinal prophylactic purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, only the applicants who are at risk for gastrointestinal events should be considered candidate for gastrointestinal prophylactics. These include applicants who are greater than 65 years in age, have a history of peptic ulcer disease, GI bleeding, blood pressure, are using multiple NSAIDs, and/or are using NSAIDs in conjunction with corticosteroids. In this case, however, the applicant appears to be only using one NSAID, Relafen. The applicant is only 27 years of age. There is no mention that the applicant is having any history of GI bleeding or gastritis. Therefore, the request for Protonix is not medically necessary.

TRAMADOL HCL ER 150MG CAPSULES ONE DAILY #30; 07/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected or achieved as a result of ongoing opioid usage. In this case, however, the applicant has failed to achieve these criteria. While there is some limited report that the applicant is achieving analgesia with ongoing tramadol usage, this is outweighed by the applicant's failure to return to work and the applicant's seeming difficulty with performing even basic activities of daily living such as sitting, standing, walking, kneeling, bending, squatting, etc. Continuing tramadol, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE-FLEXERIL 7.5 MG 2-3 TABLETS PER DAY #90; 07/12/2013: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.