

Case Number:	CM14-0015981		
Date Assigned:	06/06/2014	Date of Injury:	11/28/2007
Decision Date:	09/05/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurology, 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 Injured Worker (IW) is a 56 year old male with a reported date of injury of 11/28/2007. The mechanism of injury is described as repetitive trauma. The IW reports of pain the cervical and lumbar spine in addition to left knee pain .The cervical spine exam is notable for tenderness in the paraspinal muscles upon palpation with restricted motion secondary to pain. The IW also reports bilateral upper extremity numbness and tingling. The lumbar spine is notable for tenderness to palpation in the mid to distal lumbar regions. The IW also reports dysethesias in the L5 and S1 dermatomes. The left knee examination is notable for tenderness of the anterior joint line space in addition to a positive patellar grind test. A previous request for Naproxen Sodium tablets, Cyclobenzaprine tablets, Sumatriptan tablets, Ondansetron tablets, omeprazole capsules and tramadol tablets was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: With regards to the treatment of neuropathic pain, the chronic pain medical treatment guidelines state there is inconsistent evidence to treat long term Neuropathic pain. In this particular case, the IW has pain in the cervical spine and lumbar spine that is long term and is described as neuropathic in nature. The long term use of Naproxen Sodium (in this case 100 tablets) is not recommended and is not medically necessary

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The guidelines state that muscle relaxants can be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Based on the medical documentation provided, the neck and back pain appears to be chronic and there is no report or a description in the notes stating this is an acute exacerbation or either cervical or lumbar pain. The request for 120 tablets of cyclobenzaprine is not medically necessary.

SUMATRIPTAN SUCCINATE TABLETS 25MG #9 X 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (triptans).

Decision rationale: Although triptans are an effective abortive treatment of migraine headaches, there is no evidence the IW is having migraine headaches (there is no descriptive quality of the headache other than stating he has migraine headaches). The IW is reported to have pain originating from the neck and is not consistent with a migraine headache. The use of Sumatriptan is not medically necessary.

OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI SYMPTOMS,CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The use of a PPI (proton pump inhibitor, in this case omeprazole) is recommended for patients who are intermediate risk for a gastrointestinal bleed that are actively using NSAIDs. Since the use of the NSAID, in this case Naproxen Sodium, is not medically

necessary, it is also not medically necessary to prescribe Omeprazole (proton pump inhibitor) for its protective effect.

ONDANSETRON ORALLY DISINTEGRATING TABLETS 8 MG #30 X2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Antiemetics (for opioid nausea).

Decision rationale: The use of antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The IW is reported to have the side effect of nausea from the use of analgesic agents. This is not a recommended use for this anti-emetic and is not medically necessary.

TRAMADOL HYDROCHLORIDE EXTENDED RELEASE 150 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Although the patient is reported to have a long history of orthopedic pain, the physician has prescribed an extended release formulation for what is described in the notes as acute severe pain. Since this description is described as acute and severe, the recommendations are to use a short acting opioid and not an extended release formulation. In this case the request for tramadol extended release formulation is not medically necessary.