

Case Number:	CM14-0019316		
Date Assigned:	04/21/2014	Date of Injury:	05/04/2006
Decision Date:	07/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 Illinois. 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 47-year-old female who reported an injury on 05/04/2006. The mechanism of injury was not provided. The clinical note dated 01/27/2014 reported the injured worker complained of a severe flare up of back pain. She reportedly stated her back pain, was rated 9/10 and was radiating to her right leg. The injured worker reportedly stated her medications, including Norco and Nucynta, were causing nausea; however, she continued to take the medications and reported 50% relief in pain and 50% functional improvement. The injured worker's medication regimen included Norco, Nucynta, Flexeril, Celebrex, and Nexium. Upon assessment of lumbar spine range of motion the injured worker had 30 degrees of forward flexion, and 5 degrees extension with right side back pain. The straight leg raise was positive bilaterally at 80 degrees with right sided back pain radiating into the right buttock and posterior thigh. There was decreased sensation to the right lateral calf and bottom of foot and the deep tendon reflexes were +1 at the knee and ankles. The impression was noted as a flare up of low back pain, lumbar sprain/strain with lumbar degenerative disc disease per previous imaging studies. This note referred to an MRI (magnetic resonance imaging) study with findings of L4-5, L5-S1 disc herniation with and annular tear at the L5-S1 level. She also had moderate to severe facet arthrosis in the lumbosacral spine. The treatment plan included recommendations to refill medications, adding Dilaudid for severe flare-ups and a Tramadol 60mg injection. Exercises were also reviewed with the injured worker. The request for authorization, for Flexeril, was submitted on 10/09/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF FLEXERIL 10MG, #30: Upheld

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

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

Decision rationale: The request for Flexeril 10mg, #30 is non-certified. The injured worker has a history of low back pain treated with medications and a transcutaneous electrical nerve stimulation (TENS) unit. The CA MTUS 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 (LBP). The MTUS guidelines also show efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. While the documentation, submitted for review, stated the injured worker had a loss of lordotic curvature, suggesting muscle spasm, the documentation failed to provide evidence of muscle spasms upon physical exam. In addition, the injured worker has been utilizing Flexeril, on an as needed basis, since approximately 10/2013 which far exceeds the short-term recommendation for this medication. The efficacy of the medication was unclear within the provided documentation. Therefore, the request for Flexeril 10mg, #30 is non-certified.

ONE (1) PRESCRIPTION OF NEXIUM 40MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR EVENTS Page(s): 68.

Decision rationale: The request for Nexium 40mg, #30mg is non-certified. The injured worker has a history of low back pain treated with medications and a transcutaneous electrical nerve stimulation (TENS) unit. The CA MTUS Guidelines identify injured workers at risk for gastrointestinal events include injured workers age older than 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS guidelines also state the requested medication is recommended for patients at risk for gastrointestinal events. While the clinical information, provided for review, states the need for Nexium is due to the injured worker's use of Celebrex and the resulting dyspepsia, the documentation failed to provide evidence the medication is effective for this purpose. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, and perforation. Therefore, the request for Nexium 40mg, #30mg is non-certified.

ONE (1) PRESCRIPTION OF IM INJECTION OF TRAMADOL 60MG IN THE RIGHT GLUTEAL REGION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

Decision rationale: The request for intramuscular (IM) Injection of Tramadol 60mg is non-certified. The injured worker has a history of low back pain treated with medications and a transcutaneous electrical nerve stimulation (TENS) unit. The CA MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief and recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines note a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information, provided for review, does not provide a clear rationale as to why an injection would be required as opposed to oral medication. In addition, the physician failed to document an adequate and complete assessment of the injured worker's pain. Therefore, the request for IM Injection of Tramadol 60mg is non-certified.