

Case Number:	CM14-0110215		
Date Assigned:	08/01/2014	Date of Injury:	07/03/2012
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 34-year-old male who reported an injury on 07/03/2012 due to unspecified cause of injury. The injured worker had a history of lower back pain that radiated down the right leg, with a diagnosis of lumbar disc displacement without myelopathy, sacrum disorder, and sciatica. The past treatments included physical therapy, 6 sessions of aquatic therapy, and lumbar epidural steroid injection. The diagnostics included an abnormal electrodiagnostic study, with chronic right L5 lumbar radiculopathy. The MRI of the lumbar spine dated 08/24/2012 revealed at L4-5, right lacerating disc extrusion with caudal extension; L5-S1 mild central focal disc protrusion; and an L2-3 far right lateral disc protrusion. No surgical history was available for review. The objective findings dated 05/09/2014 to the lumbar spine revealed an antalgic gait with assistance of a cane, normal muscle tone, dermatomes decreased at the L2, L3, L4, right SLS, L5, and right S1; straight leg raise positive on the right with spasm and guarding noted to the lumbar spine. Strength to the right lower extremity revealed a flexion, extension, dorsiflexion, plantarflexion of 5/5. The medication included Protonix 20 mg, Tramadol/APAP 35.5/325 mg, Naproxen Sodium/Anaprox 550 mg, Docusate sodium 100 mg, and Orphenadrine 100 mg. No VAS provided. The Request for Authorization dated 06/09/2014 was submitted with documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69 Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg quantity, count 60 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of non-steroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a risk of long-term utilization of the proton pump inhibitors greater than 1 year which has been shown to increase the risk of hip fracture. The documentation was not evident of the length of time the injured worker had been taking the Protonix. The documentation was not evident that the injured worker had a history of gastrointestinal bleeding, perforations or a history of ulcers. The frequency was not addressed. As such, the request is not medically necessary.

Tramadol/apap 37.5/325 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 Tramadol, page 82, 93, 94, 113, Ongoing management page 78 Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for Tramadol/APAP 37.5/325 mg #90 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the documentation provided, the ongoing monitoring of the injured worker's pain level was not documented. No measurable deficits or functional deficits. The request did not address the frequency. As such, the request is not medically necessary.

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, page 41, 64 Page(s): 41, 64.

Decision rationale: The request for cyclobenzaprine/Flexeril 7.5 mg #90 is not medically necessary. The California MTUS, states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This

medication is not recommended to be used for longer than 2-3 weeks. Per the guidelines, Flexeril is not recommended longer than 2 to 3 weeks. Per the 04/09/2014 clinical notes, the injured worker was prescribed the Flexeril; and in the 06/20/2014 clinical notes, the injured worker was again prescribed the Flexeril, exceeding the 2 to 3 for the short-term therapy. The request did not address the frequency. As such, the request is not medically necessary.

Naproxen 550 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment NSAIDS, GI symptoms & cardiovascular risk page 68-70 Page(s): 68-70.

Decision rationale: The Naproxen 550 mg #90 is not medically necessary. The California MTUS recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Non-steroid anti-inflammatory drugs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. For back pain or chronic low back pain is recommended as an option for short-term symptomatic relief. Non-steroidal anti-inflammatory drugs can be initiated over short term in patients with moderate to severe pain. Per the documentation provided no functional measurements were provided. No pain measurements were provided. There is no evidence to recommend 1 drug in this class over another based on efficacy. The request did not address the frequency or the daily dosage. Therefore, Naproxen 550 mg #90 is not medically necessary.

Docusate Na 100 mg 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: PAIN CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use page 77 Page(s): 77.

Decision rationale: Docusate NA 100 mg #60 is not medically necessary. California MTUS recommend prophylactic treatment of constipation should be initiated. Per the documentation provided, it is indicated the injured worker had constipation; however, no documentation of the efficacy of the stool softener was provided. The request did not indicate the frequency. As such, the request is not medically necessary.