

Case Number:	CM14-0114402		
Date Assigned:	08/04/2014	Date of Injury:	10/14/2012
Decision Date:	09/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 Texas and Oklahoma. 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 60-year-old male who reported an injury on 10/14/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2014 indicated diagnoses of thoracic and lumbar strain, lumbar multilevel disc protrusion, cervical strain, radiculitis at C7, multilevel disc protrusion of the cervical spine, and subclinical carpal tunnel syndrome. The injured worker reported moderate to severe pain with increased spasms at night in his leg secondary to his back pain. The injured worker reported his neck continued to cause him pain and the injured worker reported the pain was worse with activity, such as lifting and repetitive motions and stretching. On physical examination of the cervical spine, there was tenderness over the paracervical musculature, negative muscle spasms in the paracervical musculature. The Examination of the lumbar spine revealed tenderness in the paralumbar musculature and negative muscle spasms in the paralumbar musculature. The injured worker reported medications were giving him some functional improvement and pain relief. The injured worker's treatment plan included refill of cyclobenzaprine, diclofenac, omeprazole, and tramadol. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included diclofenac, omeprazole, tramadol, and cyclobenzaprine. The provider submitted a request for the above medications and Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 12,Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Retrospective Diclofenac XR 100mg #60 is not medically necessary. The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Although the injured worker reported functional improvement and pain relief with the use of this medication, the documentation submitted did not indicate a quantified pain assessment done by the injured worker. Additionally, it was not indicated how long the injured worker had been utilizing the diclofenac. Furthermore, the request does not indicate a frequency. Therefore, the request for diclofenac is not medically necessary.

Retrospective Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 12,Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Online Edition, Chapter: Pain, Proton Pump Inhibitors (PPIs).

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

Decision rationale: The request for Retrospective Omeprazole 20mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker reported some functional improvement and pain relief with the use of this medication, there is lack of a quantified pain assessment done by the injured worker. In addition, the request does not indicate a frequency for this medication. Moreover, the request does not indicate a retrospective date. Therefore, the request is not medically necessary.

Retrospective Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 12,Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Retrospective Tramadol ER 150mg #60 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors, and side effects. Moreover, the request does not indicate a retrospective date. Furthermore, the request does indicate a frequency for the medication. Therefore, the request is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 12, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Retrospective Cyclobenzaprine 7.5mg #60 is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Upon physical examination, there was a lack of muscle spasms in the cervical and lumbar area. In addition, the request does not indicate a frequency for this medication. Moreover, the request does not indicate a retrospective date. Therefore, the request is not medically necessary.