

Case Number:	CM14-0120294		
Date Assigned:	08/06/2014	Date of Injury:	09/28/2013
Decision Date:	12/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 years old female with an injury date on 09/28/2013. Based on the 05/27/2014 progress report provided by the treating physician, the diagnoses are: 1. Sacroiliitis NEC2. Brachial Neuritis/Radiculitis NOS3. Lumbago. According to this report, the patient complains of low back pain. Physical exam reveals "tenderness to palpation of L-spine and significant decrease ROM to flexion. She is making progress, but gait remains antalgic." There were no other significant findings noted on this report. The utilization review denied the request on 07/01/2014. The requesting provider provided treatment report dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER times 2 months supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 05/27/2014 report, this patient presents with low back pain. The treater is requesting Ultram ER x2 months supply. Ultram was first noted in this report; it is

unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, "Patient is working with restriction and should continue to do so as tolerated...sitting limited to 20 minutes at a time with ability to stand/take brake. Lifting limited to 10 lbs., no repetitive bending/rotation." In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. Although the patient is working, there is no documentation that Ultram is helping with pain and function or making a significant difference. There are no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request for Ultram ER is not medically necessary.

Protonix times 2 months supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary, Proton Pump Inhibitors last updated 4/10/14

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

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting Protonix x2 months supply. Protonix was first noted in this report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Protonix is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of report do not show that the patient has gastrointestinal side effects with medication use. Patient is currently not on NSAID. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. The request for Protonix is not medically necessary.

Cyclobenzaprine times 2 months supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity/ Antispasmodic Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 5/15/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and (for pain) Page(s): 64, 63.

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting Cyclobenzaprine x2 months supply. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Cyclobenzaprine with 2 months supply; this medication is not recommended for long term use. The treater does not mention that this is for a short-term use. The request for Cyclobenzaprine is not medically necessary.