MAXIMUS Federal Services

Case Number:	CM14-0134840		
Date Assigned:	08/27/2014	Date of Injury:	05/09/2011
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 57 year-old female who reported a work related injury on 05/09/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consisted of lumbago and cervicalgia. Her past treatments included medication management. Upon examination on 07/15/2014, the injured worker complained of constant pain to the cervical spine that is aggravated repetitive motions of the neck caused by pushing, pulling, lifting and forward reaching and working at or above the shoulder level. The pain was described as sharp and radiated to the upper extremities. The injured worker also reported associated headaches that were migrainous in nature as well as tension between the shoulder blades. On a VAS scale, the injured worker rated her pain as an 8 out of 10. Upon examination of the cervical spine it was revealed that there was muscle tenderness with spasm when palpated. Range of motion is limited because of pain. It was also noted that there was tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C5 and C7 dermatomal pattern. The lumbar region upon examination revealed there was palpable paravertebral muscle tenderness with palpation and range of motion standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot. Her medications included Diclofenac, Omeprazole, Cyclobenzaprine, and Tramadol. The treatment plan was physical therapy to the cervical and lumbar spine, and medications to include Diclofenac for inflammation and pain, Omeprazole for GI symptoms, Cyclobenzaprine for muscle spasms and a sleep aide, and Tramadol for acute severe pain. The request for authorization form was submitted for review on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG-TWC Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Diclofenac 100mg #120 is not medically necessary. The California MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain as a second-line treatment with back 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. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. The injured worker complained of pain to the cervical and lumbar spine which he rated as an 8 out of 10 on the VAS scale. Within the documentation there is no evidence of previous use of an NSAID with functional benefits in regards to pain decreasing with the usage. Considering the type of pain and intensity and lack of documentation of usage of a prior first-line NSAIDs, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Diclofenac 100mg #120 is not medically necessary.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: The California MTUS states a proton pump inhibitor may be recommended with NSAID use, for individuals with increased risk for gastrointestinal events or for those with complaints of dyspepsia related to NSAID use. The injured worker was noted to have been taking an NSAID and omeprazole was recommended for GI symptoms. However, details regarding the injured worker's GI symptoms were not provided. The request for Diclofenac was found to be not medically necessary. Therefore, use of omeprazole would also not be supported. the request for Omeprazole 20mg #120 is not medically necessary. Additionally, the request, as submitted, did not specify a frequency of use. Based on the above, the request is not medically necessary.

Cyclobenzaprine 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): 63-65.

Decision rationale: The California MTUS notes that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second-line option for short-term treatment of acute exacerbations. The guidelines also note that Cyclobenzaprine is not recommended for long-term use and specify that use should be limited to 2-3 weeks. The injured worker was noted to be experiencing cervical and lumbar spine tenderness and spasms. However, considering the length of time cyclobenzaprine has been prescribed, continued use is not supported as it has been longer than 2-3 weeks. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for Cyclobenzaprine is not medically necessary.

Tramadol 150mg #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, criteria for usage Page(s): 76-78.

Decision rationale: The injured worker complained of constant pain in the cervical spine which he rated as a 7 out of 10 on a VAS pain scale and constant pain to the low back rated as an 8 out of 10 on the VAS pain scale. The California MTUS recommends opioids for chronic pain and for moderate to severe pain. Failure to respond to a time-limited course of opioids leads to the suggestion for reassessment and consideration of alternative therapy. In addition the information provided for review lacks the detailed documentation described by the guidelines for the ongoing use of opioids, including the 4 As (analgesia, activities of daily living, adverse side effects, and aberrant behavior). The guidelines also recommend current drug screen results, a risk assessment profile, and attempts to wean the opioid. With the lack of documentation provided to determine the necessity of continued use of an opioid, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Tramadol 150mg #90 has been deemed not medically necessary.