

Case Number:	CM14-0137667		
Date Assigned:	10/13/2014	Date of Injury:	07/16/2010
Decision Date:	11/13/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neurosurgery 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 injured worker is a 44-year-old female who sustained an injury on July 16, 2010. The injured worker is status post lumbar decompression at L5-S1 performed in October of 2011. Other conditions included bilateral carpal tunnel syndrome and a healed left ankle strain. The injured worker was also followed for complaints of neck pain. The injured worker has attended physical therapy through July of 2014. The injured worker's urine drug screens in 2014 were positive for Tramadol. The July 17, 2014 evaluation noted ongoing complaints of low back, right ankle, neck and left wrist/hand pain. The injured worker was obtaining pain relief and functional improvement with medications with significant reduction in pain. There is a history of GI upset with NSAIDs that was addressed with proton pump inhibitors. The injured worker did have ongoing tenderness to palpation in the cervical and lumbar regions on physical exam with loss of range of motion. The injured worker's requested medications were denied on August 04, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (twice a week for six weeks for the cervical and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In review of the clinical documentation provided, the requested Acupuncture would not be supported as medically necessary per current evidence based guideline recommendations. According to the Acupuncture Medical Treatment Guidelines, acupuncture treatment can be utilized as an option for chronic musculoskeletal complaints as an adjunct to other therapy. In this case, although acupuncture could be considered, current evidence based guidelines would only support a short trial of 3-4 sessions to determine functional response and the possible need for further therapy. The requested treatment exceeds guideline recommendations; therefore, the request is not medically necessary.

Tramadol ER (150mg #60, 2 daily, provided on 7/17/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided, the requested Tramadol ER, prescribed on July 17, 2014, would be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendations. Tramadol is an opioid-like medication that can be utilized as an option for ongoing moderate to severe musculoskeletal complaints. According to Guidelines, this medication's efficacy should be demonstrated in terms of functional improvement and pain reduction in ongoing evaluations to support ongoing prescriptions. There should be documentation regarding ongoing compliance with this medication. According to the documentation, the injured worker did have consistent urine drug screen findings, there is documentation in June, and July of 2014 noting at least 50% improvement of the injured worker's chronic pain symptoms to support the continuing use of this medication. The injured worker reported improvement in function as well as pain that would establish the efficacy of this medication for July 17, 2014. There were no indications of any aberrant medication behaviors or other indications of diversion/abuse. Therefore, the request is medically necessary.

Naproxen Sodium (550mg #60, three times per day, provided on 7/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

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

Decision rationale: In review of the clinical documentation provided, the requested Naproxen, prescribed on July 17, 2014 would not be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as

Tylenol. According to Guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request is not medically necessary.

Cyclobenzaprine (7.5mg #90, three times per day as needed, provided on 7/17/14): 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): 63-67.

Decision rationale: In review of the clinical documentation provided, the requested Cyclobenzaprine, prescribed on July 17, 2014, would not be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication. Therefore, the request is not medically necessary.

Tramadol ER (150mg #60, 2 daily, provided on 6/26/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided, the requested Tramadol ER, prescribed on June 26, 2014, would be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. Tramadol is an opioid-like medication that can be utilized as an option for ongoing moderate to severe musculoskeletal complaints. According to Guidelines, this medication's efficacy should be demonstrated in terms of functional improvement and pain reduction in ongoing evaluations to support ongoing prescriptions. There should be documentation regarding ongoing compliance with this medication. According to the documentation, the injured worker did have consistent urine drug screen findings, there is documentation in June, and July of 2014 noting at least 50% improvement of the injured worker's chronic pain symptoms to support the continuing use of this medication. The injured worker reported improvement in function as well as pain that would establish the efficacy of this medication for June 26, 2014. There were no indications of any

aberrant medication behaviors or other indications of diversion/abuse. Therefore, the request is medically necessary.

Naproxen Sodium (550mg #90, three times per day, provided on 6/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

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

Decision rationale: In review of the clinical documentation provided, the requested Naproxen, prescribed on June 26, 2014, would not be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. According to, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request is not medically necessary.

Orphenadrine (100mg #60, twice per day as needed, provided on 6/26/14): 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): 63-67.

Decision rationale: In review of the clinical documentation provided, the requested Orphenadrine, prescribed on June 26, 2014, would not be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that the injured worker has had any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Naproxen Sodium (550mg #90, three times per day, provided on 6/5/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

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

Decision rationale: In review of the clinical documentation provided, the requested Naproxen, prescribed on June 05, 2014 would not be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. According to guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request is not medically necessary.

Orphenadrine (100mg #60, twice per day as needed, provided on 6/5/14): 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): 63-67.

Decision rationale: In review of the clinical documentation provided, the requested Orphenadrine, prescribed on June 05, 2014, would not be supported as medically necessary according to the Chronic Pain Medical Treatment Guidelines recommendation. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that the injured worker has had any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.