

Case Number:	CM14-0138593		
Date Assigned:	09/05/2014	Date of Injury:	04/27/2014
Decision Date:	10/27/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 32-year-old male who was in a work-related accident on April 27, 2014. On that, he stated that he was lifting a 200-pound machinery column with another employee. He was diagnosed with lumbar strain and lumbar disk herniation. In a recent visit note dated July 3, 2014, it was indicated that he complained of moderately severe pain in his low back on certain movements which radiated into his bilateral legs, usually in the thigh area. The pain was aggravated specifically by lifting, bending forward, kneeling, lying on his stomach, and lifting things. The objective findings to the lumbar spine included tenderness in the region of L4 through S1 and limited range of motion in all planes due to pain. The neurologic exam was grossly intact. Norco was added to his prescription of Naproxen. This is a review of the requested Tramadol 50, #180; Tizanidine 4mg, #45; Naproxen 500mg, #60; And Omeprazole 200mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Opioids, long-term assessment Page(s): 82, 88.

Decision rationale: The medical records received have limited information to support the necessity of Tramadol 50mg at this time. The medical records provided did not indicate functional improvement in the continued utilization of the medication. Although the injured worker stated that this medication has been helpful, objective findings were lacking such as decrease in pain level, increased in range of motion, and increase in ability to do activities of daily living as set forth in the evidence-based Chronic Pain Medical Treatment Guidelines as criteria for continued opioid use. Furthermore, the guidelines accentuate the necessity for screening instrument for abuse/addiction, which was also not found on the medical records submitted for review. Moreover, per Chronic Pain Medical Treatment Guidelines, Tramadol is not recommended as a first-line therapy. The documentation submitted did not indicate that the worker has tried and failed the use of first-line therapy because from the very start of treatment, Tramadol was already included in his pharmacologic regimen. With these considerations, it can be concluded that the request for Tramadol 50mg, #180 is not medically necessary at this time.

Tizanidine 4mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Tizanidine 4mg, #45 is not medically necessary at this time. As per Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking muscle relaxants since May 2014 and continued to receive prescription refills until the present. With this, prolonged use of Zanaflex, which is a muscle relaxant has been noted, which has gone beyond the recommendation of the guidelines. More so, based on the medical records submitted for review, objective findings for presence of muscle spasms were negative. Hence, the inclusion of Tizanidine in the injured worker's pharmacological regimen is unnecessary.

Naproxen 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 73.

Decision rationale: The request for Naproxen 500mg #60 is considered not medically necessary at this time. Per Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis of the knee and hip. The submitted documents did not indicate any subjective and objective findings to the knee and hips as his complaints involved his neck and bilateral lower extremities. Furthermore, the injured worker was not diagnosed with osteoarthritis which is the primary indication for the prescription

of Naproxen. Therefore, it can be concluded that Naproxen 500 mg #60 is not medically necessary.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The request for Omeprazole 20 mg #120 is not medically necessary at this time. Per Official Disability Guidelines (ODG), proton pump inhibitors such as Omeprazole are recommended for workers at risk for gastrointestinal events. From the medical records reviewed, there was no documentation of any gastrointestinal complaints from this worker.