

Case Number:	CM14-0151854		
Date Assigned:	09/19/2014	Date of Injury:	02/10/1999
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 69 year old male with an injury date of 02/10/99. Based on the 06/26/14 progress report provided by [REDACTED], the patient presents with low back pain rated 6-8/10 that radiates to bilateral extremities. The patient has an antalgic gait. Physical exam to the lumbar spine reveals decreased range of motion in all planes with pain. There is tenderness to palpation and stiffness on the lumbar spine. Straight leg raise is positive bilaterally. The patient has been taking medications for a long time without gastrointestinal upset. The treating physician states to continue with pain meds for control of pain and inflammation. The patient's medications include Celebrex, Cyclobenzaprine HCl, Prilosec, Reglan, and Ultram. The patient remains permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60: Upheld

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

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

Decision rationale: The MTUS guidelines note that physicians should document pain and functional improvement and compare to the baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Per the progress report dated 06/26/14, the treating physician provides a general statement to "continue with pain meds for control of pain and inflammation." The treating physician has not documented that Ultram reduces pain and allows patient to undergo activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Cyclobenzaprine 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain).

Decision rationale: Per the progress report dated 06/26/14, the treating physician states to continue with pain meds for control of pain and inflammation. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol; however, despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is recommended for a short course of therapy. Guidelines do not suggest use of Cyclobenzaprine for longer than 2-3 weeks. As such, the request is not medically necessary.

Celebrex 200 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Celecoxib (Celebrex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: Regarding NSAID's, the MTUS supports them for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Per the progress report dated 06/26/14, the treating physician states to continue with pain meds for control of pain and inflammation. The request meets MTUS criteria. As such, the request is medically necessary.

Prilosec 40 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that, for the treatment of dyspepsia secondary to NSAID therapy, the treating physician should stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Per the progress report dated 06/26/14, Prilosec and Celebrex (NSAID) are included in patient's medication list. The treating physician states that the patient has been taking medications for a long time without gastrointestinal upset, which indicates prophylactic use. The request is in line with MTUS guideline. As such, the request is medically necessary.

Reglan 10 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/reglan.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.fda.gov/downloads/drugs/drugsafety/ucm176362.pdf>

Decision rationale: The MTUS and Official Disability Guidelines are silent regarding Reglan. However, FDA.gov states that Reglan is a prescription medicine used to relieve symptoms of slow stomach emptying in people with diabetes, prevent nausea and vomiting that can happen with cancer chemotherapy, prevent nausea and vomiting that may happen after surgery if your doctor decides that you should not be treated with a stomach tube and suction, help make it easier to insert a tube into the small intestine in both adults and children if the tube does not pass into the stomach normally, to help empty stomach contents, or to help barium move through your intestine when you get an X-ray examination of the stomach or small intestine. Per the progress report dated 06/26/14, the treating physician states that the patient has been taking medications for a long time without gastrointestinal upset. A review of the reports does not show the patient to have symptoms indicated by the FDA for the use of Reglan. As such, the request is not medically necessary.