

Case Number:	CM14-0154528		
Date Assigned:	09/24/2014	Date of Injury:	04/14/2012
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 36-year-old male with a 4/14/12 date of injury. At the time (8/14/14) of the request for authorization for Fexmid (cyclobenzaprine) 7.5mg #60, Ultram (tramadol HCL ER 150mg #60, Prilosec (omeprazole) 20mg #60, and Anaprox-DS (naproxen sodium) 550mg #90, there is documentation of subjective (pain is about the same, he continues to have spasm in the low back which are reduced with Fexmid) and objective (positive lumbar tenderness, lumbar spine range of motion is decreased about 20%) findings, current diagnoses (musculoligamentous sprain/strain lumbosacral spine, and mild degenerative disc disease without herniated nucleus pulposus or radiculopathy), and treatment to date (medication including Fexmid, Ultram, and Naproxen for at least 7 months). Medical reports identify the prescribed medications allow improved activities of daily living and the patient's ability to function is much improved with the use of the prescribed medications. Regarding Fexmid (cyclobenzaprine) 7.5mg #60, there is no documentation of acute exacerbation of chronic low back pain and the intention to treat over a short course (less than two weeks). Regarding Ultram (tramadol HCL ER 150mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain lumbosacral spine, and mild degenerative disc disease without herniated nucleus pulposus or radiculopathy. In addition, given documentation that the prescribed medications allow improved activities of daily living and the patient's ability to function is much improved with the use of the prescribed medications, there is documentation of functional benefit with Cyclobenzaprine use to date. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Fexmid (cyclobenzaprine) 7.5mg #60 is not medically necessary.

Ultram (tramadol HCL ER 150mg #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol) Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain lumbosacral

spine, and mild degenerative disc disease without herniated nucleus pulposus or radiculopathy. In addition, given documentation that the prescribed medications allow improved activities of daily living and the patient's ability to function is much improved with the use of the prescribed medications, there is documentation of functional benefit with Tramadol use to date. Furthermore, there is documentation of moderate to severe pain and that Tramadol is being used as a second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Ultram (tramadol HCL ER 150mg #60 is not medically necessary.

Prilosec (omeprazole) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs), GI symptoms & car. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain lumbosacral spine, and mild degenerative disc disease without herniated nucleus pulposus or radiculopathy. However, despite documentation of chronic NSAID therapy, there is no documentation of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec (omeprazole) 20mg #60 is not medically necessary.

Anaprox-DS (naproxen sodium) 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back

pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain lumbosacral spine, and mild degenerative disc disease without herniated nucleus pulposus or radiculopathy. In addition, there is documentation of chronic pain. Furthermore, given documentation that the prescribed medications allow improved activities of daily living and the patient's ability to function is much improved with the use of the prescribed medications, there is documentation of functional benefit with Anaprox use to date. Therefore, based on guidelines and a review of the evidence, the request for Anaprox Anaprox-DS (naproxen sodium) 550mg #90 is medically necessary.