

Case Number:	CM14-0154931		
Date Assigned:	09/24/2014	Date of Injury:	08/20/2013
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
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 Physical Medicine & 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 50 years old male with an injury date on 08/20/2013. Based on the 07/01/2014 hand written progress report provided by [REDACTED], [REDACTED] the diagnoses are: 1.T/S Kyphotic/hemangoina 2.L/S-Ant. Subluxation of L/s/DJD/Disc pro/ ? Interarticular fx 3.Left Groin 4.Right Abdominal pain 5.Uremia According to this report, the patient complains of constant moderate thoracic and lumbar spine pain; pain is rated as an 8/10. Numbness and tingling are noted at the lower extremity; no radiation. Pain decrease ADL's. Kemp's test is positive bilaterally. Lumbar range of motion is limited. Tenderness is noted at the lumbar paraspinals muscle. The patient was instructed to remain off work. The 06/03/2014 report indicates the patient pain levels is a 6/10 and is a 5/10 with medications and topical cream. There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2014 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg # 60 (retro 7/1/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain Anti-inflammatory medications NSAIDs (non-ster.

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with constant moderate thoracic and lumbar spine pain. The treater is requesting Naproxen 550mg #60 (retro 07/01/2014). Naproxen was first mentioned in the 03/11/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has slight improvement with medications, pain level decreased. The requested Naproxen 550mg #60 appears reasonable and consistent with MTUS guidelines. The request therefore is medically necessary.

Omeprazole 20mg # 30 (retro 7/1/14): Upheld

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

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

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with constant moderate thoracic and lumbar spine pain. The treater is requesting Omeprazole 20mg #30 (retro 07/01/2014). Omeprazole was first mentioned in the 03/11/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the patient is taking Naproxen and has no gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request is not medically necessary.

Tramadol ER 150mg # 30 (retro 7/1/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Pain Assessment CRITERIA FOR USE OF OPIOIDS Opioids for chron.

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with constant moderate thoracic and lumbar spine pain. The treater is requesting Tramadol ER 150mg #30 (retro 07/01/2014). Tramadol was first mentioned in the 03/11/14 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS

Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain with and without medications. However, there were no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs attributed to use of Tramadol. There are no opiate monitoring such as urine toxicology. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Flurbiprofen, tramadol, cyclobenzaprine 210 grams (retro 7/1/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with constant moderate thoracic and lumbar spine pain; pain rated as an 8/10. The treater is requesting Flurbiprofen, Tramadol, cyclobenzaprine 210 grams (retro 07/01/2014). Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. In this case, Tramadol and Cyclobenzaprine are not recommended for topical formulation. The request therefore is not medically necessary.

Amitriptyline/dextromethorphan, gabapentin 210 grams (retro 7/1/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with constant moderate thoracic and lumbar spine pain; pain rated as an 8/10. The treater is requesting Amitriptyline/ Dextrometherphan, Gabapentin 210grams (retro 07/01/2014). Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. In this case, Amitriptyline and Gabapentin are not recommended for topical formulation. The request therefore is not medically necessary.