

Case Number:	CM14-0156346		
Date Assigned:	09/25/2014	Date of Injury:	10/20/2008
Decision Date:	11/26/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/21/2014

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 and is licensed to practice in Illinois. 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 45-year-old female who reported an injury on 10/20/2008. Reportedly, the injured worker was mopping a floor and when she lifted the bucket, she felt pain in the lumbar region. The worker's treatment history included MRI studies, medications, epidural steroid injections, and physical therapy. The worker was evaluated on 08/06/2014, and it was documented that the injured worker complained of low back pain that was constant and radiating to the lower extremities. Objective findings: There was tenderness to the lumbar spine with muscle spasms. The provider indicated the medications were helpful, however, failed to include VAS scale measurement while injured worker is on medications and off medications. Medications included Fenoprofen calcium 400 mg, Cyclobenzaprine 7.5 mg, Omeprazole 20 mg, and Tramadol 3.75/325 mg. Diagnoses include a lumbar sprain/strain, lumbosacral or thoracic neuritis, myofascial pain, and sacroiliac joint arthropathy. The authorization dated 08/16/2014 was for a Tens patch and medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

#60 Fenoprofen Calcium 400mg times two (2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that fenoprofen is designed for the treatment of osteoarthritis. Additionally, NSAIDs are used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The documents submitted did not indicate the injured worker having complaints of rheumatism or arthritis. As such, the request for #60 fenoprofen calcium 400 mg 2 times (2) is not medically necessary.

#90 Cyclobenzaprine 7.5mg times two (2): Upheld

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

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

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as home exercise regimen and medication pain management. There was lack of documentation provided on her long term-goals. Duration of medication usage of cyclobenzaprine cannot be determined with submitted documents. According to MTUS, cyclobenzaprine is recommended as an option, using a short course of therapy. As such, the request for #90 cyclobenzaprine 7.5 mg 2 times (2) is not medically necessary.

#60 Omeprazole 20mg times two (2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for of Omeprazole 20 mg #60 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation failed to indicate the injured worker having gastrointestinal events and the Prilosec resolves the issue, however the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for #60 omeprazole 20 mg times 2 (2) is not medically necessary.

Tenspatch times two (2) pair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The requested is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines (MTUS) states that the Electrical Muscle Stimulation Unit it not recommend for chronic pain. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Additionally, MTUS does not recommend TENS as an isolated intervention. TENS is primarily recommended if patient is participating in a program of evidence based functional restoration. The documentation that was submitted does not identify participation in such a program. Additionally, outcome measurements were not submitted for review for continued usage of the TENS unit. As such, the request for TENS patch times 2 (2) pair is not medically necessary.

Tramadol HGI/APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 78, 113.

Decision rationale: The request for Ultram 50 mg not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. In pain or function compared to baseline measures

in order to warrant continuation of opiate medication use. As such, the request for tramadol HGI/APAP 37.5/325 mg #90 is not medically necessary.