

Case Number:	CM14-0156964		
Date Assigned:	09/29/2014	Date of Injury:	01/08/2013
Decision Date:	10/29/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 64 year old with an injury date on 1/8/13. Patient complains of lower lumbar pain with increasing bilateral lower extremity pain rated 10/10, left > right per 9/8/14 report. Based on the 9/8/14 progress report provided by [REDACTED] the diagnosis is protrusion 5mm at L4-5 with bilateral L5 radiculopathy, left > right. Exam on 9/8/14 showed "L-spine range of motion 60% in flexion and 40% in extension/right and left lateral bending/left rotation. Positive straight leg raise on the left. [REDACTED] is requesting tramadol 150mg x2 daily Qty: 60, naproxen 550mg Qty: 90, Pantoprazole 20mg Qty: 90, and cyclobenzaprine 7.5mg Qty: 90. The utilization review determination being challenged is dated 9/24/14 and denies Naproxen as long term (over a year) usage is not indicated, and denies Pantaprozole as patient is not at intermediate risk for GI events. [REDACTED] is the requesting provider, and he provided treatment reports from 6/9/14 to 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 150 MG X 2 DAILY, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lower back pain and right leg pain. The provider has asked for tramadol 150mg x2 daily Qty: 60 on 9/8/14. Patient has been taking Tramadol since at least 5/8/14. Patient states Tramadol decreases pain to 5/10, and gives increased range of motion and tolerance to exercise with no side effects per 9/8/14 report. A5/8/14 urine drug screen came out inconsistent, as prescribed Tramadol didn't show up in findings, but amphetamines/methamphetamines appeared when they weren't prescribed. For chronic opioids 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 treater indicates a decrease in pain with current medications which include Tramadol, and there are a discussion of this medication's efficacy in terms of functional improvement, quality of life change, and increase in activities of daily living. However, the patient's urine toxicology is inconsistent which the provider does not address. MTUS requires addressing aberrant drug seeking behavior. Such as, Tramadol 150 Mg X 2 Daily, QTY: 60.00 is not medically necessary. In this case, the treater indicates a decrease in pain with current medications which include Tramadol, and there are a discussion of this medication's efficacy in terms of functional improvement, quality of life change, and increase in activities of daily living. However, the patient's urine toxicology is inconsistent which the treater does not address. MTUS requires addressing aberrant drug seeking behavior. Recommendation is for denial.

NAPROXEN 550 MG, QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDS Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with lower back pain and right leg pain. The provider has asked for naproxen 550mg Qty: 90 on 9/8/14. The patient has been taking Naproxen since 5/8/14. The patient does have a 2-3 point decrease in pain and greater range of motion in early hours of day per 9/8/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In regarding medications for chronic pain, MTUS pg. 60 states that a record of pain and function with the medication should be recorded. In this case, the patient has been using Naproxen since 2/26/14 and includes documentation of pain relief and functional improvement. The requested naproxen 550mg Qty: 90 is reasonable and within MTUS guidelines. Such as, Naproxen 550 MG, QTY: 90 is medically necessary.

PANTOPRAZOLE 20 MG, QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

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

Decision rationale: This patient presents with lower back pain and right leg pain. The provider has asked for Pantoprazole 20mg Qty: 90 on 9/8/14. The 9/8/14 report states that patient is at intermediate risk for GI events but has no cardiovascular disease. The provider states that NSAID use causes GI upset with no PPI, but PPI at QD and BID dosing does not cause GI upset at current dosage per 9/8/14 report. Regarding PPIs, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. In this case, the treater has asked for Pantoprazole and 9/8/14 reports indicate patient has failed trials of Prilosec in the past. The patient is currently taking an NSAID, and a PPI is indicated for patient's intermediate GI risk. Such as, Pantoprazole 20 MG, QTY: 90.00 is medically necessary.

CYCLOBENZAPRINE 7.5 MG, QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64.

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

Decision rationale: This patient presents with lower back pain and right leg pain. The provider has asked for cyclobenzaprine 7.5mg Qty: 90 on 9/8/14. The patient has been using Cyclobenzaprine since 5/8/14 report. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Such as, Cyclobenzaprine 7.5 MG, QTY: 90.00 is not medically necessary.