MAXIMUS Federal Services

Case Number:	CM14-0159953		
Date Assigned:	10/03/2014	Date of Injury:	10/24/2012
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 41-year-old male who reported an injury on 10/24/2012 due to a fall out of the cabin of his semi-truck. The injured worker has diagnoses of spasms of muscle, lumbar facet syndrome, lumbar radiculopathy, lateral epicondylitis, low back pain and knee pain. Past medical treatment consists of chiropractic therapy, physical therapy, epidural steroid injections, SI blocks and medication therapy. Medications include Ultram, Ibuprofen, Pepcid and Skelaxin. It was noted in the physical examination that the injured worker underwent a urine drug screen on 07/10/2013 which was within normal limits. On 07/09/2014, the injured worker complained of lower backache. It was noted in the physical examination that the injured worker rated his pain at a 5/10 with medication and 6/10 without medication. He stated to have no new problems or side effects. Physical examination of the spine revealed range of motion was restricted with extension limited to 20 degrees, but normal flexion, right lateral bending and left lateral bending. On palpation, paravertebral muscles were tender and tight. Spinous process tenderness was noted on L4-5. Lumbar facet loading was positive on the left side. Straight leg raising test was negative. There was tenderness noted over the left gluteus medius and piriformis. Motor strength revealed 5/5 at EHL on the right and 4/5 on the left. Sensory examination revealed normal touch, pain, temperature, deep pressure, vibration, tactile localization, and tactile discrimination. The medical treatment plan is for the injured worker to continue the use of medication therapy. The provider feels that medications are necessary due to the injured worker has improved functioning and pain levels. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg Tablet, 1 twice daily as needed #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain, and On-Going Management Page(s): 82,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request for Skelaxin 800 mg Tablet, 1 twice daily as needed #60 Refill: 1 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in lower back cases, they show no benefit beyond NSAIDs and pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Skelaxin is reported to be relatively non-sedating muscle relaxant. Dosing recommendations are 800 mg 3 to 4 times a day. The guidelines stipulate that Skelaxin is a second line option for short term treatment. Given the submitted documentation it indicates that the injured worker had been on this medication since at least 07/2013, exceeding recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review, nor were there any indications that the Skelaxin was helping with any functional deficits. It was also submitted documentation that the injured worker underwent a urinalysis in 07/2013, but no recent urinalysis was submitted for review. Furthermore, the request as submitted did not indicate a duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Ibuprofen 600 mg Tablet, 1 twice daily as needed #60 Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Ibuprofen Page(s): 72-73.

Decision rationale: The request for Ibuprofen 600 mg Tablet, 1 twice daily as needed #60 Refill: 1 is not medically necessary. The California MTUS Guidelines indicate that Ibuprofen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthrosis and they recommend the lowest effective dose to be used in all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As guidelines state, ibuprofen is recommended for relief of osteoarthritis, but it also states that it is recommended as its lowest effective dose and its shortest duration of time. The submitted documentation indicates that the injured worker had been on this medication since at least 07/2013 with a dosage of 600 mg twice a day, exceeding recommended guidelines. Long term use of ibuprofen can put people at high risk for developing NSAID induces gastric ulcers. Given that the request exceeds the

recommended use of an NSAID for short term use, the request is not within the MTUS recommended guidelines. As such, the request for Ibuprofen 600 mg Tablet, 1 twice daily as needed #60 Refill: 1 is not medically necessary.

Ultram 50 mg Tablet, 1 twice daily as needed #60 Refill:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Tramadol (Ultram) Page(s): 78; 93-94.

Decision rationale: The request for Ultram 50 mg Tablet, 1 twice daily as needed #60 Refill: 1 is not medically necessary. The California MTUS state central analgesic drugs such as Ultram are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It is also noted that there should be an assessment showing what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker might have had. There was a UA submitted on 07/2013 showing that the injured worker was within normal limits of the medications; however, there were no recent submitted drug urinalysis submitted for review. Additionally, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Pepcid 20 mg Tablet, 1 twice daily as needed #60 Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Ultram 50 mg Tablet, 1 twice daily as needed #60 Refill: 1 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking ibuprofen 600 mg twice a day. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. It was noted in the submitted documentation that the injured worker had no side effects. In the absence of this documentation, the request is not supported by the evidence based guidelines. Given the above, medical necessity is unclear. As such, the request is not medically necessary.