

Case Number:	CM14-0171956		
Date Assigned:	10/23/2014	Date of Injury:	12/03/2013
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 40-year-old male with a date of injury of 12/03/2013. The listed diagnoses per [REDACTED] are low back sprain/strain and lower extremity radicular symptoms. According to progress report 09/04/2014, the patient presents with low back pain with left greater than right lower extremity symptoms rated as 6/10 on the pain scale. The patient's current medication regimen includes tramadol ER 300 mg, cyclobenzaprine 7.5 mg, pantoprazole 20 mg, and naproxen sodium 550 mg. Examination of the lumbar spine revealed decreased range of motion and positive straight leg raise. There were spasms noted in the lumbar paraspinal musculature. The physician is requesting refill of medications. Utilization review denied the request on 10/07/2014. Treatment reports from 04/08/2014 to 09/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with low back pain with left greater than right lower extremity symptoms. The physician is requesting a refill of cyclobenzaprine 7.5 mg #90. The MTUS Guidelines page 64 states that Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Review of the medical file indicates the patient has been prescribed Orphenadrine since 04/08/2014. The physician replaced Orphenadrine with cyclobenzaprine on 07/22/2014. In this case, the patient has been prescribed muscle relaxants for long term use, which is not supported by MTUS. Recommendation is for denial.

Tramadol ER 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80.

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 low back pain with left greater than right lower extremity symptoms. The physician is requesting a refill of tramadol ER 150 mg #60. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. Review of the medical file indicates the patient has been taking tramadol ER since at least 04/08/2014. The physician states that medication at "current dosing facilitates maintenance of ADLs including light housework duties, shopping for groceries, grooming, and cooking." The patient reports that without medications, ADLs were "in jeopardy" and he is unable to adhere to the recommended exercise program. Progress reports indicate that the patient does not have side effects to current medication regimen and is currently temporarily partially disabled. Random urine tox screens are administered, which showed that the patient is consistent with medications prescribed. In this case, the physician indicates the patient has good analgesia and provides specific functional improvements with taking current medications. The patient reports no side effects and urine tox screens are provided that are consistent with the medications prescribed. Given the sufficient documentation for opiate management, recommendation is for approval.

Pantoprazole 20mg: 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 low back pain with left greater than right lower extremity complaints. The physician is requesting a refill of pantoprazole 20 mg #90. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking naproxen sodium and Pantoprazole concurrently since at least 04/08/2014. The physician states the patient is "at intermittent risk for development of adverse GI events provided by GI history. Therefore, PPI dispensed is in compliance with updated guidelines to minimize potential for adverse GI events." In this case, review of the medical file indicates the patient has been taking NSAID on a long-term basis, and the physician states that the patient is at "intermittent risk" for GI events. Given such, recommendation is for approval.

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 60, 61, 22.

Decision rationale: This patient presents with low back pain with left greater than right lower extremity symptoms. The physician is requesting a refill of naproxen sodium 550 mg. Utilization review denied the request stating that improvement with this medication was not documented. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce the pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also support oral NSAID for chronic low back pain. Review of the medical file indicates the patient has been prescribed naproxen since at least 04/08/2014. The physician states in his 04/08/2014 report that with naproxen the patient has diminished pain with improvement in range of motion. Report 05/20/2014 indicates the patient has improved function with greater level of activities with current medication regimen, which includes naproxen. Report 09/04/2014 indicates medication at current dosing, facilitates maintenance of ADLs. In this case, given patient's chronic low back pain and documented efficacy of this medication, recommendation is for approval.