

Case Number:	CM14-0173320		
Date Assigned:	10/24/2014	Date of Injury:	06/28/2012
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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 35 years old male with an injury date on 06/28/2012. Based on the 09/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Herniated disc 2. Ulcer 3. Depression 4. Dementia 5. Anxiety disorder According to this report, the patient complains of "constant throbbing, aching pain over the sacrum on the left at about S3. He states the pain goes to the left groin and to the left leg, to the left Achilles tendon." Occasional numbness on the bottom of the feet is noted. The patient reports "new aching pain in his upper back and neck for about 3 week" that is intermittent shooting pain in both upper extremities. Physical exam reveals painful palpation of the interscapular region and gait was antalgic. Dorsiflexion of great toe was 4/5 on the left. The pain is made worse by sitting, standing, and walking and better by nothing." Pain is rated as a 5-6/10 currently with meds and 8-9/10 without meds. Patient's treatment history consists of physical therapy, acupuncture, and epidural injections. Cures report on 08/04/2014 reveals no provider overlap. The POS UDS on 03/04/2014 is consistent with compliance. There were no other significant findings noted on this report. The utilization review denied the request on 09/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/12/2014 to 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 67.

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

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with of "constant throbbing, aching pain over the sacrum on the left at about S3." The treater is requesting Cyclobenzaprine 10 mg BID #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicate this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treater is requesting Cyclobenzaprine #60 and this medication was first noted in the 02/12/2014 report. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with of "constant throbbing, aching pain over the sacrum on the left at about S3." Patient's current medications are Clondine HCL, Cyclobenzaprine, Gabapentin, start on Percocet, Cannabis, and Ibuprofen. The treater is requesting Omeprazole 20mg BID #60. Omeprazole was first mentioned in the 02/12/2014 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 Ibuprofen and has no gastrointestinal side effects with medication use. 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. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. The request is not medically necessary.

Percocet 10/325mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ,CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s):.

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with of "constant throbbing, aching pain over the sacrum on the left at about S3." The treater is requesting Percocet 10/325mg #15. The treating physician states that the patient "reports 70% relief from the Percocet. He states that with the opioid, he is able to take his child to the pool and he can walk around the park; without them, he states that he would not be able to do these tasks. There are no sign of abuse or diversion. He is on the lowest dose for functional improvement. He denies side effects." Functionally, the patient reports "impairment of sitting, standing and walking. The pain is made worse by sitting, standing, and walking and better by nothing." Pain is rated as a 5-6/10 currently with meds and 8-9/10 without meds. Percocet was first mentioned in the 02/12/2014 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 aberrantbehavior), 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 report shows good documentation of the four A's as noted above. The request is medically necessary.