

Case Number:	CM14-0178449		
Date Assigned:	10/31/2014	Date of Injury:	02/04/2012
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 2/4/2012. Per primary treating physician's medical re-evaluation report of occupational injury and request for authorization dated 9/25/2014, the injured worker complains of moderate, occasionally severe neck pain that radiates to his bilateral arms and is accompanied by numbness, tingling and burning sensations. The pain increases with looking up and down, turning right and left, and reaching overhead. He complains of moderate, occasionally severe bilateral shoulder pain that radiates into his bilateral arms and neck and is accompanied by numbness, tingling, pulling, pushing, reaching overhead and holding heavy objects, and it is relieved by rest. He complains of moderate, occasionally severe bilateral arm pain that radiates into his neck and is accompanied by numbness, tingling, burning sensations and weakness. The pain increases with lifting, pulling, pushing, reaching overhead, holding heavy objects and extending his arms, and is relieved by rest. He complains of moderate, occasionally severe low back pain that radiates to his bilateral legs and is accompanied by numbness, tingling and weakness. The pain increases with bending back and forth, turning back from right to left, lifting objects, prolonged sitting and standing, and laying face up. He states that he was the pain management specialist who gave him multiple injections into the neck and lower back. These did decrease his pain temporarily, however he had an adverse reaction to the injections. The significantly decreased his vision for a few weeks. He complains of moderate, occasionally severe bilateral knee pain that radiates into the soles of his feet and is accompanied by numbness, tingling and burning sensations. The pain increases with prolonged standing and walking, climbing stairs, and extending his legs, and it is relieved by rest. He complains of persistent anxiety and depression. He saw the psychologist who is prescribing medications, which help to decrease his pain as well. He states that his pain is well controlled with the medications. He denies any side effects at this time. Significant positive examination findings

include tenderness to palpation with spasms of the cervical spine paraspinals, bilaterally, and over the bilateral upper trapezius muscles, as well as tenderness to palpation over the spinous processes from C5 to C7. Range of motion of the cervical spine is limited secondary to pain. There is tenderness to palpation with spasms of the lumbar spine paraspinals, bilaterally, and over the right gluteal muscle, as well as tenderness to palpation over the right sacroiliac. Range of motion of the lumbar spine is limited secondary to pain. There is a positive sitting root test. There was decreased sensation to light touch of the bilateral lateral thighs. There is tenderness to palpation with spasms of the bilateral trapezius musculature. Range of motion of the shoulders is limited secondary to pain. There is tenderness over the left medial knee. Range of motion of the bilateral knees is limited secondary to pain. There is positive McMurray's test bilaterally. Diagnoses include 1) cervical spine sprain/strain with myospasm 2) lumbar spine sprain/strain 3) left knee medial meniscus tear 4) right knee lateral meniscus tear 5) L5-S1 7.7 mm disc bulge 7) L5-S1 PARS defect 8) Grade 1 anterior spondylolisthesis of L5 over S1 9) L4-5 3.3 mm disc bulge 10) depression 11) chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 5mg #30 is determined to not be medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the

lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Naproxen 550mg #60 is determined to not be medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not indicate functional improvement, reduction of pain, or improvement in quality of life with the use of tramadol. Attempts to reduce the use of tramadol are not addressed. Aberrant drug behavior is not assessed or addressed in the medical reports. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #90 is determined to not be medically necessary.

Pantoprazole DR 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Pantoprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Pantoprazole when using NSAIDs. The request for Pantoprazole DR 20mg #30 is determined to not be medically necessary.