

Case Number:	CM14-0186005		
Date Assigned:	11/13/2014	Date of Injury:	06/13/2012
Decision Date:	12/31/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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:

This case is a 58 year old female with a date of injury on 6/13/2012. A review of the medical records indicates that the patient has been undergoing treatment for low back pain, failed back syndrome. Subjective complaints (7/23/2014 through 10/17/2014) include low back with radiation to lower extremities, pain rated 7/10. Objective findings (10/17/2014) include decreased lumbar range of motion, tingling numbness in S1 dermatomal pattern, paravertebral muscle tenderness and spasms. Treatment has included lumbar laminectomy, Diclofenac, Omeprazole, Tramadol (since at least 5/2014), and Cyclobenzaprine (since at least 6/2014). A utilization review dated 10/22/2014 determined the following:- Partially certified Omeprazole 20mg #80 (original request for #120).- Partially certified Tramadol ER 150mg #30 (original request for #90).- Partially certified Cyclobenzaprine 7.5mg #30 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #120 1 PO 12H PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms and cardiovascular risk

Decision rationale: The medical documents provided do not indicate any history of peptic ulcer, GI bleeding or perforation. The patient does not meet the age recommendation per MTUS/ODG guidelines. Medical records provided do not indicate that the patient is on high dose, multiple dose NSAIDs, or concurrent ASA/corticosteroid/anticoagulant usage. Additionally, none of the progress notes provided detailed any GI complaints. The original reviewer's evaluation revealed GI symptoms. However, this could not be verified with the provided medical records. The reviewer modified the request to approve for #80 units, which corresponds with the length of time of authorized NSAIDs and is clinically acceptable. As such, the request for Omeprazole 20 mg #120 1 PO 12H PRN as written is not medically necessary.

Tramadol ER 150 mg #90 once a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." Medical records reveal that the patient has been on Tramadol since at least 5/2014. The medical records do not indicate failure of first line therapy (Hydrocodone and Acetaminophen). Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The medication request for Tramadol states that the patient demonstrates improvement function; however, the treatment notes do not document the level of functional improvement to warrant long term ongoing usage. The original request for #90 was partially certified to #30 to allow for a 30 day supply, which is clinically acceptable. The request as written would allow for 90 days of Tramadol without any interim evaluation, which is excessive. As such, the request for Tramadol ER 150 mg #90 once a day is not medically necessary.

Cyclobenzaprine Hydrochloride tab 7.5 mg #120 PO Q8H/PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and on Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. Additionally, the patient has been on cyclobenzaprine since at least 6/2014. The medical notes provided do not document improvement in spasms, pain, or functionality as a result of this medication. ODG states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with Cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine Hydrochloride tab 7.5 mg #120 PO Q8H/PRN is not medically necessary.