

Case Number:	CM14-0020873		
Date Assigned:	04/30/2014	Date of Injury:	02/05/2011
Decision Date:	08/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 is a 52 year-old female with a 2/5/11 date of injury after lifting a box of linen. She is status post cervical fusion at C5/6 on 3.2012. She was sent back to work on 8/13/13 and worked for 2 months. The patient was seen on 11/25/13 with complaints of severe neck pain, headaches, and severe stomach upsets. Exam findings revealed cervical tenderness on the left side. The treatment plan was to give her stronger medications for her stomach upset. The treatment recommendation was to refill the patient's Flexeril, Zantac, and Ultram. The patient was seen on 11/27/13 complaining of brining epigastric pain and was noted to have an elevated amylase level. The patient was diagnosed with medication-induced gastritis. The diagnosis is GI complaints, depression, insomnia, cephalgia diabetes, and pancreatic psuedocyst. Treatment to date: medications, bone stimulator unit, cervical fusion. An adverse determination was received on 1/17/14 for Prilosec given there was no documentation of benefit of use. Tramadol was not granted given there no documentation of objective functional improvement. Flexeril was not granted given the patient was on this medication since 2012 and no muscle spasms were documented or exam findings to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA (Omeprazole).

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient was noted to be on Motrin in June of 2013, but there is no recent documentation regarding the patient's use of NSAID's. In addition, the patient describes GI upset and was switched from Prilosec to Zantac. There was no mention of Prilosec in the progress note dated 11/25/13 or 11/27/13. The patient was noted to have medication-induced gastritis and to continue her medications, which as of 11/25/13 consisted of Zantac. Thus, the rationale for Prilosec is unclear Therefore, the request is not medically necessary.

TRAMADOL 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 78-81, 113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. The patient has severe neck pain, however, there is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition there is no evidence of monitoring in the form of CURES reports or consistent urine drug screens. Therefore, the request for is not medically necessary.

FLEXERIL 10MG, #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 MUSCLE RELAXANTS Page(s): 41-42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is 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. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. This patient has been on this medication chronically and has exceeded the guidelines for use. In addition, there is no documentation to support a decrease in VAS or ongoing functional gains with this medication. Therefore, the request for was not medically necessary. Therefore, the request for Cyclobenzaprine is not medically necessary.