

Case Number:	CM14-0022015		
Date Assigned:	05/09/2014	Date of Injury:	09/27/2003
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/21/2014

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 43-year-old male with a 9/27/03 date of injury. The mechanism of injury was not noted. In a 12/23/13 progress note, the patient complained of persistent neck, back, left shoulder, and bilateral knee pain. However, he stated his medications helped his pain tremendously. Objective findings: slightly decreased range of motion of the cervical spine, decreased strength 4/5 bilaterally at C5, C6, C7, and C8. Sensation is decreased also in the C5, C6, C7, and C8 dermatomes bilaterally, decreased range of motion of the lumbar spine, tenderness to the paraspinals, decreased range of motion of the left shoulder. Diagnostic impression: Chronic cervical musculoligamentous sprain/strain, anterior cervical fusion decompression of the cervical spine, lumbar disc annual tear, left shoulder rotator cuff tendinitis, bilateral chondromalacia patella, right shoulder arthroscopic subacromial decompression, status post left knee arthroscopic surgery. Treatment to date: medication management, activity modification, surgery. A Utilization Review decision dated 1/27/14 did not grant the requests for Omeprazole, Cyclobenzaprine, and Tramadol ER. Omeprazole was not granted because this patient did not present with a high risk of gastrointestinal events at the time and the medication was not medically necessary. Cyclobenzaprine was not granted because there was a lack of improvement from the previous prescription of Cyclobenzaprine and guideline recommendations for a short course of use for no longer than 2-3 weeks. Tramadol ER was not granted because of the lack of functional improvement along with the length of time the patient had been utilizing this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED RELEASE 20MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterX Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

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. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the reports reviewed, the patient has been on the NSAIDs, Motrin and Naproxen. In a 1/2/14 progress note, the patient described stomach upset and epigastric pain with the use of Naproxen. Guidelines support the use of Omeprazole in patients currently on NSAIDs. Therefore, the request Omeprazole Delayed Release 20MG #120 is medically necessary.

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. The patient has been on this medication since at least 6/10/13 if not earlier. In a 1/2/14 progress note, Cyclobenzaprine is being prescribed to the patient for the palpable muscle spasms noted during examination. He was instructed to take one tablet every eight hours as needed, not to exceed more than three per day. However, this is a request for 120 tablets, which is excessive. Guidelines only support the short-term use of muscle relaxants for an acute exacerbation of pain. Therefore, the request for Cyclobenzaprine 7.5 mg #120 is not medically necessary.

TRAMADOL ER 150MG #90: Upheld

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

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

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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a UDS dated 4/30/13 was inconsistent for the use of Tramadol. There was no documentation that this issue was addressed. Furthermore, according to the Utilization Review from 1/27/14, there were previous Utilization Review decisions dated 7/3/13, 9/18/13, 10/30/13, and 1/8/14 supporting the weaning off Tramadol for this patient. There is no documentation that the provider has addressed the recommendations for weaning. Therefore, the request for Tramadol ER 150 mg #90 is not medically necessary.