

Case Number:	CM14-0022243		
Date Assigned:	02/26/2014	Date of Injury:	11/15/1991
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 11/15/1991. The mechanism of injury was not submitted. The clinical note dated 01/13/2014 reported the injured worker complained of neck pain radiating to the right arm with numbness and tingling of the right hand. He also reportedly complained of right shoulder pain with limited range of motion and low back pain radiating to the right leg down to the toes with numbness and tingling in the leg, feet, and toes. The injured worker reportedly stated his pain was rated 5/10 with medication and 8/10 without medication. The injured worker's medication regimen included Celebrex, tramadol, omeprazole, and Flexeril. The physical examination revealed a positive straight leg raise bilaterally with tenderness over the posterior superior iliac spine on the right and diminished sensation in all toes on the right. The diagnoses included a full thickness to the right rotator cuff, status post right shoulder arthroscopy with partial resection of the glenoid labrum debridement of rotator cuff on 08/11/1994, musculoligamentous sprain of the lumbar spine, cervical disc protrusion of C3-4, cervical disc bulge of C4-5, lumbar disc bulges at L3-4, L4-5, and L5-S1. The treatment plan included a recommendation for the prescription of Celebrex. The injured worker underwent an MRI of the lumbar spine without contrast on 03/05/2012 with findings to include mild levoscoliosis and mild to moderate spondylosis within the lumbar spine. In addition, the MRI noted findings of Schmorl's nodes involving the inferior endplates of the T11, T12, L1, L2, L3, and L5 vertebrae as well as Schmorl's nodes involving the superior endplates of the L1, L2, L4, and L5 vertebrae. The T11-12 disc space demonstrated mild annular bulge and the spinal canal and neural foramen were of normal size. The Request for Authorization was submitted on 01/10/2014 for Tramadol 50mg #200 for the management of pain, Omeprazole 20mg #60 to prevent stomach irritation, and Cyclobenzaprine 10mg #30 to prevent muscle spasm caused from painful muscle conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG QTY: 200.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50mg, #200, is non-certified. According to the California MTUS Guidelines, the ongoing management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend documentation addressing the activities of daily living (4A's) of ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The clinical notes show the injured worker has been taking tramadol since approximately 02/2012. The most recent clinical note provided for review states the injured worker's pain was noted to be rated 5/10 with medication and 8/10 without medication; however, there is no significant objective functional improvements noted over the course of treatment. In addition, there is a lack of documentation addressing whether the injured worker displayed aberrant drug behavior or side effects of this medication and the frequency and duration for the proposed treatment was not included. Therefore, the request for Tramadol 50mg, #200, is not medically necessary.

OMEPRAZOLE 20 MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

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

Decision rationale: The request for Omeprazole 20mg, #60, is non-certified. The CA MTUS Guidelines identify injured workers at risk for gastrointestinal events include injured workers age less than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The guidelines also state the requested medication is recommended for injured workers at risk for gastrointestinal events. Within the clinical information provided for review, it is noted the injured worker has been utilizing Omeprazole since approximately 02/2012; however, there is a lack of documentation submitted for review to show a positive outcome with the use of the requested medication or that the injured worker has had any gastrointestinal (GI) events such as peptic ulcers, GI bleeding, or perforation to support the use of this medication. In addition, the frequency and duration for the proposed treatment was not included in the request. Therefore, the request for Omeprazole 20mg, #60, is not medically necessary.

CYCLOBENZAPRINE 10 MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

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

Decision rationale: The request for Cyclobenzaprine 10mg #30 is non-certified. The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The guidelines also show efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the clinical information, provided for review, it is noted the injured worker has been utilizing Flexeril, on an as needed basis, since approximately 02/2012, which far exceeds the short-term recommendation for this medication. In addition, the documentation failed to provide evidence of muscle spasms upon physical exam or efficacy of the requested medication. Further, the frequency and duration for the proposed treatment was not included in the request. Therefore, the request for Cyclobenzaprine 10mg #30 is not medically necessary.