

Case Number:	CM14-0026558		
Date Assigned:	06/16/2014	Date of Injury:	05/30/2012
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 47-year-old female who was injured on 05/30/2012. She sustained an injury to her low back when she slipped and fell. Prior medication history included tramadol and hydrocodone. She has been treated conservatively with physical therapy. She underwent a lumbar decompression in April 2013. MRI of the lumbar spine dated revealed diffuse disc bulge with new far lateral component mildly displacing the post-foraminal left L4 nerve root. Follow up consult dated 01/28/2014 states the patient presented with complaints of lower extremity pain rated as 6/10. She reported improvement in function with her medications and her activities of daily living are maintained. She was taking tramadol ER at 300 mg which decreased her pain 4 points on visual analog scale (VAS). She had started her tapering of IR opioid with hydrocodone 7.5 mg to no greater than 2-3 per day and she had been consuming IR drug up to 5 times a day. She reported no side effects. Cyclobenzaprine 7.5 mg is noted to have decreased her spasm for an average of 5 hours improving her range of motion and tolerance to activities. Objective findings on exam revealed tenderness of the lumbar spine. Lumbar range of motion was within normal limits revealing flexion at 60, extension at 50 and bilateral lateral tilt at 50 and left rotation at 40. Diagnosis is status post lumbar decompression in 04/2013. The treatment and plan included a request for physical therapy 3 times a week, transcutaneous electrical nerve stimulation (TENS). The patient was dispensed Tramadol ER 150 mg #60, Naproxen Sodium 550 mg #90 and Pantoprazole 20 mg #90. Prior utilization review dated 02/24/2014 approved the request for Tramadol ER 150 mg #60, Hydrocodone 7.5/650 mg. The following requests have been modified which include: Naproxen 550 mg #60, Pantoprazole 20 mg #60 and Cyclobenzaprine 7.5 mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG, #90: Overturned

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 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: There is no clear statement as to what is defined as "short-term" use in the MTUS guidelines. In the section under the Chronic Pain Medical Treatment Guidelines Topical Analgesics, subcategory NSAIDS (page 112), the MTUS guidelines state "recommended for short-term use (4-12 weeks)." In addition, it says that NSAIDs for chronic low back pain is "recommended as an option for short-term symptomatic relief." Naproxen as indicated on UpToDate online via [REDACTED] 2014 states that adult dosing for naproxen for osteoarthritis oral is 500-1000mg daily in 2 divided doses, if tolerating well and clinically indicated, may increase to 1500mg daily of naproxen base for limited time period (<6 months). In this case, the patient was prescribed #90 tabs to be taken one tab by mouth (PO) three times a day (TID) and thus fits the criteria for use as described by MTUS guidelines. Similarly, the ODG guidelines as above state that for low back disorders, NSAID's are recommended for "early use only." The ACOEM guidelines as above state "generally, generic ibuprofen, naproxen or other older generation NSAIDs are recommended as first-line medications in the section for "NSAIDs are recommended for treatment of subacute or chronic low back pain." Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

PANTOPRAZOLE 20 MG, #90: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs).

Decision rationale: Per ODG guidelines as above, PPIs are "recommended for patients at risk for gastrointestinal events." It also states that "if a PPI is used, omeprazole over-the-counter(OTC) tablets or Lansoprazole 24 hour OTC are recommended for an equivalent clinical efficacy and significant cost savings" and "other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line." Note from 1/2/14 by [REDACTED] states "the patient failed omeprazole, first line PPI, non-efficacious as patient did experience gastrointestinal (GI) adverse effects even with titration." In addition the note reports a "history today of GI upset with NSAID without PPI, PPI at every day (qd) and twice a day (bid) dosing, but no GI upset with PPI at t.i.d dosing regimen." The 1/2/14 note also states that the "patient is at intermediate risk for

developing adverse GI with NSAID therefore dispensed PPI." The Chronic Pain Medical Treatment Guidelines state that for "patients at intermediate risk for gastrointestinal events" be prescribed "a non-selective NSAID with either a PPI... or misoprostol." Because the NSAIDs as above have been certified based on second review, the dosage and count of pantoprazole based on based on above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

CYCLOBENZAPRINE 7.5 MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: There is no clear statement as to what is defined as "short-term" use in the MTUS guidelines. In the section under the Chronic Pain Medical Treatment Guidelines Topical Analgesics, subcategory NSAIDS (page 112), the MTUS guidelines state "recommended for short-term use (4-12 weeks)." In this case, the prescription for Flexeril is for 30 days. Up To Date 2014 via [REDACTED] states that for an adult, the Flexeril dose is "initial: 5mg 3 times daily; may increase up to 10mg 3 times daily if needed." The patient in this case was prescribed 7.5mg orally TID as needed, and this follows the above guidelines. In addition, The Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is "recommended as an option, using a short course of therapy." The guidelines above state, "muscle relaxants are recommended as second- or third- line agents for acute exacerbations of chronic pain." In this case, the patient has already tried first line treatment and should therefore be a candidate for muscle relaxant trial. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.