

Case Number:	CM14-0027436		
Date Assigned:	06/13/2014	Date of Injury:	07/28/2008
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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 Family Medicine and is licensed to practice in Arizona. 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 61-year-old male with a date of injury on 7/28/14. Diagnoses include lumbar spine strain, degenerative disc disease, status post L3-S1 "ADLF" on 10/22/2013. Subjective complaints are of back pain that is improving, and rated at 2/10. Office notes indicate the patient is doing well and staying active. Physical exam shows sensation and motor strength normal in the legs, with negative straight leg raise test. The patient has mild antalgic gait, and mild lumbar tenderness. Prior treatments include medications, surgeries, and work restrictions. Medications include Ultram 50mg, Naproxen 550mg, Flexeril 10mg, and Prilosec 20mg. The patient had one drug screen that did not show evidence of Ultram in the urine, yet other urine screens have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF NAPROXEN 550MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends non-steroidal anti-inflammatory drugs (NSAIDS) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for symptomatic relief for back pain. For this patient, moderate pain is present in the back. Therefore, the requested Anaprox is medically necessary.

60 TABLETS OF ULTRAM 50MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. The submitted medical records show presence of MTUS opioid compliance guidelines, including risk assessment, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of tramadol is consistent with guidelines and is medically necessary.

90 TABLETS OF FLEXERIL 10MG: Upheld

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

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

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short-term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using muscle relaxer chronically, which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDS) in pain reduction of which the patient was already taking. There is no evidence in the documentation that shows evidence of muscle spasm or that the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines, suggesting cyclobenzaprine as short-term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.

60 CAPSULES OF PRILOSEC 20MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to non-steroidal anti-inflammatory drugs (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID therapy, and is using Prilosec for GI prophylaxis. Therefore, the use of Prilosec is consistent with guideline recommendations and is medically necessary.