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| Case Number: | CM14-0028159 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 09/06/2013 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 03/05/2014 |

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 has a subspecialty in Interventional Spine 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:

The patient is a 55 year old male with an injury date of 09/06/13. Based on the 12/18/13 progress report provided by [REDACTED] the patient complains of low back pain which is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Examination of the lumbar spine reveals tenderness at the lumbar paravertebral muscles. There is pain with terminal motion and a seated nerve root test is positive. There is also dysesthesia at the L5 and S1 dermatomes. The patient is diagnosed with lumbar discopathy. [REDACTED] is requesting for the following: 1. Naproxen sodium 550 mg #100 tablets. 2. Cyclobenzaprine HCL 7.5 mg #120. 3. Omeprazole delayed release capsules 20 mg #120. 4. Tramadol HCL extended release (ER) 150 mg #90. The utilization review determination being challenged is dated 02/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/21/13- 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG #100 TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: According to the 12/18/13 report by [REDACTED], the patient presents with low back pain. The request is for Naproxen Sodium 550 mg #100 tablets. Review of the reports does not provide any discussion regarding use of Naproxen. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Naproxen has done for this patient's pain and function. The request is not medically necessary.

CYCLOBENZAPRINE HCL 7.5 MG #120 TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN); ANTISPASTICITY/ANTISPASMODIC DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 63-66.

Decision rationale: According to the 12/18/13 report by [REDACTED] the patient presents with low back pain. The request is for Cyclobenzaprine HCL 7.5 mg #120. Review of the reports show the patient has been taking Cyclobenzaprine since the first progress report provided (10/21/13). None of the progress reports provided indicates how cyclobenzaprine gave functional improvement and pain relief. According to the MTUS guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2-3 weeks." The patient has already been on this medication for over 2-3 weeks. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. The request is not medically necessary.

OMEPRAZOLE DELAYED-RELEASE CAPSULES, 20 MG, #120: Upheld

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

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

Decision rationale: According to the 12/18/13 report by [REDACTED], the patient presents with low back pain. The request is for Omeprazole delayed release capsules 20 mg #120. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. The request is not medically necessary.

TRAMADOL HCL EXTENDED RELEASE (ER) 150 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: According to the 12/18/13 report by [REDACTED], the patient presents with low back pain. The request is for Tramadol HCL extended release (ER) 150 mg #90. Review of the reports show the patient has been taking Tramadol since the first progress report provided (10/21/13). There were no pain scales provided or any indication of the impact Tramadol had on the patient. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. The request is not medically necessary.