

Case Number:	CM14-0028658		
Date Assigned:	06/16/2014	Date of Injury:	12/10/2006
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured worker is a 40-year-old male who reported an injury on 12/10/2006. He sustained an injury while removing a box from a shelf. On 01/31/2014 the injured worker presented with back pain and depression. Upon examination there was tenderness to palpation to the paralumbar musculature with spasm. Range of motion values for the lumbar spine were 0 degrees of forward flexion with pain, 0 degrees of extension with pain, a 30 degree bilateral tilt, 30 degrees bilateral rotation. There was also diminished sensation to the right lower extremity at the L4 dermatomal distribution. The diagnoses were herniated disc lumbar spine, chronic intractable lower back pain, radiculitis of the right lower extremity L4 nerve root distribution and depression. Prior medications include diclofenac for anti-inflammatory, omeprazole for reduce NSAID gastritis/prophylaxis, tramadol for chronic pain relief, cyclobenzaprine to relieve muscle spasm. The provider recommended a Functional Capacity Assessment to determine an accurate impairment rating. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC XR 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

Decision rationale: The request for Diclofenac XR 100 mg with a quantity of 60 is not medically necessary. California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and accurate pain assessment and the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,GASTROINTESTINAL SYMPTOMS &CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg with a quantity of 60 is not medically necessary. According to the California MTUS Guidelines proton pump inhibitors may be indicated for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The medical documentation provided did not indicate the injured worker had gastrointestinal symptoms. It does not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation or that the injured worker was at risk for a gastrointestinal event. As such, the request is not medically necessary.

TRAMADOL ER 150MG BY MOUTH EVERY DAY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 119.

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

Decision rationale: The request for tramadol ER 150 mg with a quantity of 30 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behaviors, and side effects. As such, the request is not medically necessary.

CYCLOBENZAPRINE 7.5 MG #90: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine 7.5 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 7.5 mg with a quantity of 90 exceeds the guidelines recommendation of short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

FUNCTION CAPACITY ASSESSMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for Functional Capacity Assessment is not medically necessary. California MTUS/ACOEM Guidelines state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a Work Hardening Program with programs for assessment tailored to a specific job or class. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence of how a Functional Capacity Evaluation will aid the provider in evolving treatment plan or goals. There was also lack of documentation of other treatments the injured worker underwent previous and the measurements progress as well as efficacy of the prior treatments. As such, the request is not medically necessary.