

Case Number:	CM14-0029312		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2011
Decision Date:	08/15/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 58 year old female who reported an injury on 01/10/2011. The mechanism of injury was not provided. On 02/06/2014, the injured worker presented with head, left shoulder, low back, and knee pain. There was associated numbness and tingling to the bilateral arms, hands, and feet with weakness in the bilateral arms, hands, and legs. Upon examination, there was tenderness to palpation over the posterior aspect of the left shoulder and tenderness to palpation to the front and back of the left shoulder, and a positive Hawkins test. Examination of the lumbar spine revealed limited range of motion in forward flexion and extension, and there was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was diminished sensation to the left C7 and C8 dermatomes of the upper extremities, and diminished sensation to the right L5 and S1 dermatomes in the lower extremities. Diagnoses were displacement of the lumbar intervertebral disc without myelopathy and cervicalgia. Prior therapy included injections, an ESI, and medications. The provider recommended Flexeril, Naproxen, Ultram, Prilosec, Trazodone, and a retrospective urine drug screen for a date of service 02/06/2014. The provider recommended Ultram due to effectiveness and being well tolerated, Flexeril for muscle spasms, Naproxen for anti-inflammatory, and Prilosec for Gastro irritation. 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:

Prescription of Flexeril 7.5mg: Upheld

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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Flexeril as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The injured worker has been prescribed Flexeril since at least 02/2014. The request for additional prescription of Flexeril exceeds the MTUS Chronic Pain Guidelines' recommendations of short term therapy. The efficacy of the medication was not provided in the medical records for review. Additionally, the provider's request does not indicate the frequency or the quantity of the Flexeril in the request as submitted. As such, the request is not medically necessary and appropriate.

Prescription of Naproxen 550mg, #60: Upheld

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): 70.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis, including knee and hip, and injured workers with acute exacerbations of chronic low back pain. The MTUS Chronic Pain Guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. For injured workers with acute exacerbations of chronic low back pain, the MTUS Chronic Pain Guidelines recommend NSAIDs as an option for short term symptomatic relief. The injured worker has been prescribed naproxen since at least 02/2014. The efficacy of the medication was not provided. In addition, the provider's request for Naproxen does not indicate the frequency. As such, the request is not medically necessary and appropriate.

Prescription of Ultram150mg, #30: Upheld

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 Opioids, Criteria for use Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The MTUS 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, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Ultram since at least 02/2014. 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 and appropriate.

Prescription of Prilosec 20mg, #60: Upheld

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 GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, proton pump inhibitors may be recommend for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The included medical documentation does not indicate that the injured worker is at moderate to high risk for gastrointestinal events. The injured worker has been prescribed Prilosec since at least 02/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.

Prescription of Trazodone 50mg, #60: Upheld

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 Antidepressants for chronic pain Page(s): 13.

Decision rationale: The MTUS Chronic Pain Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (between 6 to 12 weeks). The injured worker has been prescribed Trazodone since at least 02/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.

Retrospective Urine Drug Screen (DOS 2/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain (Chronic) Chapter, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a urine drug screen as an option to assess for the use or the presence of illegal drugs, and may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screen for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or that the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, the request is not medically necessary and appropriate.