

Case Number:	CM14-0030694		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2011
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 60-year-old male who was reportedly injured on 2/9/11. The mechanism of injury was not listed in the records provided for review. The most recent progress note, dated 1/29/14, indicated that there were ongoing complaints of right shoulder, bilateral leg, and low back pains. The physical examination demonstrated cervical decreased range of motion, tenderness to palpation, and positive cervical compression test. It also demonstrated lumbar decrease in painful range of motion, tenderness to palpation and positive straight leg bilaterally. Physical examination of the right shoulder revealed range of motion decreased and painful and positive tenderness to palpation. Left knee had a decrease in painful range of motion and positive tenderness to palpation and positive McMurray's test. No recent diagnostic imaging studies were available for review. Previous treatment included shoulder surgery, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

Decision rationale: The California MTUS supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for the continuation of muscle relaxants for the treatment of chronic pain. As such, the request is not medically necessary.

Ibuprofen 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non- Selective NSAIDs, Ibuprofen Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Anti-inflammatories such as ibuprofen are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low blood pressure (LBP) and of antidepressants in chronic LBP. After reviewing the medical records provided, there was no documentation subjective or clinical that discusses reduction in pain or increase in functional restoration. Therefore, this request is deemed not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk, PPIs (Proton Pump Inhibitors) Page(s): 68-69.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD). It is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the claimant did not have a significant risk factor for potential GI complications. Therefore, the use of this medication is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list, Tramadol Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. It also appears as the medication is being used long-term. As such, the request is not considered medically necessary.