

Case Number:	CM14-0036252		
Date Assigned:	06/25/2014	Date of Injury:	04/27/2012
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/25/2014

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 63-year-old female who reported an injury on 04/27/2012 due to lifting an 80 pound box of soda syrup when she felt a pop to her right knee and sharp pain to her lower back. The injured worker's diagnoses were sprain of the lumbar region, sprains of knee and leg, and anxiety/depression. Past treatment plans for the injured worker were physical therapy sessions, LSO brace, interferential unit, H-wave, opioid medications, acupuncture sessions, home exercise program, chiropractor sessions, and shockwave therapy. It was mentioned that the injured worker was to be referred for epidural steroid injections but it was not noted that the injured worker had received them. Urine toxicology was available for review. The injured worker has had in the past a normal electrodiagnostic studies on 04/24/2013. There was a request in for an MRI arthrogram of the right knee submitted. No other diagnostic studies were submitted for review. No surgeries were reported. The injured worker had a physical examination on 04/11/2014 which revealed complaints of continuous pain in the lumbar spine with radicular symptoms into bilateral legs, also she had complaints of continued pain in the right knee. Examination of the lumbar spine revealed range of motion for flexion was to 50 degrees, extension was to 20 degrees, right lateral bending was to 20 degrees, and left lateral bending was to 20 degrees. There was tightness in the lumbar paraspinal musculature. Straight leg raise was a positive 70 degrees on the right and 70 degrees on the left. Examination of the right knee range of motion for extension was to 5 degrees and flexion was to 120 degrees. McMurray's test was positive. Medications for the injured worker were Norco 10/325 mg 1 every 4 to 6 hours for severe pain, Ultram 150 mg 1 a day for moderate pain, and Anaprox 550 mg 1 twice a day. Treatment plan was to put a request in and update it for an MRI of the lumbar spine. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg. # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): page(s) 67, 68.

Decision rationale: The request for Naproxen 550 mg quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule states non-steroidal anti-inflammatory drugs for chronic low back pain are recommended as an option for short term symptomatic relief. Package inserts for the NSAIDs recommend periodic lab monitoring of the CBC and chemistry profile including liver and renal testing. There is no evidence to recommend 1 drug in a certain class over another based on efficacy. There is no evidence of long term effectiveness for pain or function. The efficacy for Naproxen was not noted in the document submitted. Efficacy was not reported for the use of Naproxen. Although the injured worker has reported pain relief and functional improvement from the medication, there was a lack of objective evidence to support this and the request as submitted did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Flexaril 75 mg. # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): page(s) 63, 64.

Decision rationale: The request for Flexeril 75 mg quantity 240 is not medically necessary. The California Medical Treatment Utilization Schedule states muscle relaxants are non-sedating muscle relaxants that are to be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. It was noted that the injured worker had been taking Flexeril since 10/2013. The medical guidelines suggest that Flexeril should only be used for a short term period. Flexeril is a Cyclobenzaprine which is an antispasmodic medication. The injured worker has been taking this medication longer than recommended by the medical guidelines. The request submitted for the medication does not indicate the frequency for the medication. Efficacy was not reported for the use of this medication. Therefore, the request is not medically necessary.

Norco 10/325 mg. # 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg quantity 360 is not medically necessary. The California Medical Treatment Utilization Schedule states for the ongoing review of an opioid medication, documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's, (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There were no VAS scales for pain submitted for the injured worker. Reported pain relief and functional improvement from taking the medication were not noted. Improvements in activities of daily living were not reported. The efficacy of taking this medication was not reported. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Ultram ER 150 mg. # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): page(s) 94.

Decision rationale: The request for Ultram ER 150 mg quantity 90 is not medically necessary. The generic name for Ultram is Tramadol. It is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesics. The injured worker has been treated with other medications such as Dicoprofenol, Fentanyl, Sinopren, and Tramadol. Side effects from Tramadol are dizziness, nausea, constipation, headache, vomiting, insomnia, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SRNIs, TCAs, and MAOIs and triptans or other drugs that may impair serotonin metabolism. It is unclear if the injured worker was getting any type of pain relief from taking the Ultram ER 150 mg. It was not noted or reported of the pain relief for the injured worker or functional improvement from taking the medication. Efficacy for the use of this medication was not reported. The request submitted for review does not indicate a frequency for the medication. Therefore, the request is not medically necessary.