

Case Number:	CM14-0039646		
Date Assigned:	06/27/2014	Date of Injury:	02/12/2008
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old female injured on 02/12/08 due to undisclosed mechanism of injury. Current diagnosis included degenerative disc disorder of the lumbar spine, displacement of disc without myelopathy, spinal stenosis of the lumbar spine, sciatica, and sprain/strain of lumbar spine. Clinical note dated 01/23/14 indicated the injured worker presented complaining of intermittent spasm in the back and left lower extremity. Physical examination revealed tenderness in the left paralumbar area, active voluntary range of motion of the thoracolumbar spine was limited, straight leg raise test was slightly positive on the left, negative on the right, motor and sensory examination within normal limits to all extremities, no pathological reflexes were evident, and hip range of motion was full bilaterally. The injured worker benefited from proper medications which were reasonably well maintained. Additionally, the injured worker requested short trial of acupuncture to assist with pain management. A list of current medications was not provided for review. The initial request for Cyclobenzaprine comfort pack #30 one times three refills, Ultram 50mg #60 times three refills and Prilosec 20mg #60 times three refills was non-certified on 03/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine comfort pac #30 1x3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute pain and for short-term treatment of acute exacerbations in patients with chronic pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was no discussion regarding the past or present medication management and the specific prescribed medication to substantiate its medical necessity. As such, the medical necessity of Cyclobenzaprine comfort pac #30 1x3 refills cannot be established at this time.

Ultram 50mg #60 x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There was no discussion regarding the past or present medication management and the specific prescribed medication to substantiate its medical necessity. As such, the medical necessity of Ultram 50mg #60 x3 refills cannot be established at this time.

Prilosec 20mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. There was no discussion regarding the past or present medication management and the specific prescribed medication to substantiate its medical necessity. As such, the request for Prilosec 20mg #60 x 3 refills cannot be recommended as medically necessary.