

Case Number:	CM14-0044862		
Date Assigned:	07/02/2014	Date of Injury:	08/24/2007
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 46-year-old male who reported an injury on 08/24/2007. He was reportedly taking a car part off using a piece of pipe when the pipe broke and he fell backwards on the ground landing on metal parts. On 02/02/2012, a CT scan of the lumbar spine noted a lumbar fusion with pedicle screws, posterior locking rods, bone graft material, and intervertebral grafts at the L4-5 and L5-S1 levels. The diagnoses were lumbar radiculopathy, sprain/strain of the lumbosacral spine, sprain/strain of the sacroiliac joint, and signs and symptoms of cervical. On 03/19/2014, the injured worker presented with low back and neck pain. His current medications are Ultram ER, Anaprox DS, Cyclobenzaprine, and Prilosec. The provider requested Flexeril, Prilosec, and Ultram ER, yet provider's rationale was not provided as well as the Request for Authorization form, dated 04/02/2014 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:

Flexeril 7.5 mg #60 X2: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend Flexeril 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. The request for Flexeril 7.5 mg, quantity 60 with 2 refills exceeds the guideline recommendation of short term therapy. The provided medical documents lack an adequate and complete assessment of the injured worker's pain level and functional status. Also, there is no rationale for the request within the documentation provided and the provider's request for Flexeril did not indicate the frequency of the medication. Therefore, Flexeril 7.5mg, quantity 60 with 2 refills is not medically necessary and appropriate.

Prilosec 20 mg #60 X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. The injured worker did not have a history of peptic ulcer, GI bleed or perforation, and it did not appear the injured worker was at risk for gastrointestinal events. The provider's request for Prilosec did not indicate the frequency of the medication. Therefore, Prilosec 20 mg, quantity 60 refills times 3 is not medically necessary and appropriate.

Ultram ER 150 mg #30 X2: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic 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, evaluation of risk for aberrant drug abuse behavior, and side effects. Also, the provider's request for Ultram does not indicate the frequency of the medication. Therefore, Ultram ER 150 mg, quantity 30 with 2 refills is not medically necessary and appropriate.