

Case Number:	CM14-0056630		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2008
Decision Date:	09/10/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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:

Patient is a 64 year-old female with date of injury 02/28/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/10/2014, lists subjective complaints as pain in the neck, low back and left hand. Patient reports radiculopathy to the lower extremities. Objective findings: Examination of the cervical spine revealed range of motion was limited by pain in all directions. Foraminal compression test and shoulder depression were both positive bilaterally. Lumbar spine: Range of motion was limited by pain upon flexion, extension, and right and left lateral bending. Kemp's test and straight leg test were positive bilaterally. Left wrist: range of motion was limited by pain in all directions with spasm upon dorsiflexion on the left. Phalen's test and Tinel's sign were positive bilaterally. Diagnosis: 1. Cervical disc syndrome 2. Left index finger trigger release 3. Status post bilateral wrist carpal tunnel release 4. Lumbar disc syndrome 5. Abdominal pain 6. Constipation 7. Gastroesophageal reflux disease 8 hypertension 9. Hyperlipidemia 10. Insomnia. The medical records provide for review document that the patient had not been prescribed the following medication before the date of the request for authorization on 03/10/2014, with the exception of the Omeprazole which had been prescribed at least three months prior. Medications: Cyclobenzaprine 7.5mg, #180; Tramadol ER 150mg, #90; Omeprazole 20mg, #180 (at least as far back as three months). No SIG provided for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. The documentation in the medical record shows that the patient has been taking cyclobenzaprine for at least 3 months, 10 weeks longer than recommended by the MTUS. Therefore, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

Decision rationale: The previous utilization review physician provided partial certification and a sufficient quantity of tramadol so that the patient be weaned from the medication. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Therefore, the request is not medically necessary.

Omeprazole 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Therefore, the request is not medically necessary.