

Case Number:	CM14-0061687		
Date Assigned:	07/09/2014	Date of Injury:	08/28/2008
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/02/2014

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:

The injured worker filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; muscle relaxants; lumbar MRI imaging of March 27, 2014, apparently notable for diffuse lumbar spondylosis; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for Cyclobenzaprine, Duexis, and Tramadol/Acetaminophen. The claims administrator's rationale was extremely sparse and apparently predicated on a lack of documentation on the part of the attending provider. Somewhat incongruously, however, the claims administrator then wrote that medical necessity is established in one section of its report while later writing that the request, as written, was not medically reasonable. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, the applicant was described as feeling very inhibited in her daily life. The applicant's pain was progressively worsened. The applicant had been without pain medications for 10 months, it was stated. The applicant's primary operative diagnosis was chronic low back pain. The applicant was given various medications, including Duexis, Tramadol, and Flexeril. The attending provider stated that the applicant had not received any medications over the preceding 10 months on the grounds that all medications had been denied by the claims administrator. The applicant was permanent and stationary and reportedly retired. In an earlier progress note of April 28, 2014, the attending provider stated, somewhat incongruously, that the applicant was using Flexeril, Tramadol, and Duexis as of this point in time. The applicant stated that Motrin alone had generated dyspepsia and that therefore Duexis had been introduced. The applicant stated that usage of pain medications was reducing her pain levels from 8/10 to 6/10 in some instances and from 9/10 to 3/10 in other instances. Permanent

work restrictions were again endorsed. In a March 11, 2014 progress note, the applicant was described as having persistent complaints of low back pain. The applicant was using Ultracet, an amalgam of Tramadol and Acetaminophen, it was noted. Ultracet was providing the applicant with little relief. The applicant was not deriving much analgesia from Ultracet and further stated that she had to miss her son's wedding as Ultracet failed to provide sufficient analgesia so as to afford her with the ability to attend.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request for Cyclobenzaprine is not medically necessary.

Duexis Tab 800-26.6 #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. MTUS : NSAIDs, GI Symptoms, and Cardiovascular Risk topic page 69. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of dyspepsia secondary to NSAID therapy includes an introduction of H2 receptor antagonist. Famotidine, one of the ingredients in Duexis, is an H2 antagonist. The applicant apparently developed dyspepsia as a result of stand-alone usage of Ibuprofen. Provision of Duexis, an amalgam of Ibuprofen and Famotidine, is therefore indicated. Accordingly, the request is medically necessary.

Trampoline-Acetaminophen 37.5/325 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS ,
When to Continue Opioids topic Page(s): 80.

Decision rationale: Ultracet is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has self-posed that Ultracet has been ineffectual in ameliorating her ability to perform activities of daily living. The applicant had failed to return to work. While a subsequent progress note of April 28, 2014 did suggest that the applicant reported some reduction in pain levels from 8/10 without Tramadol/Ultracet to 6/10 with Tramadol/Ultracet, this appears negligible and is outweighed by the applicant's difficulty performing even basic activities of daily living and failure to return to any form of work. Therefore, the request for Tramadol/Acetaminophen is not medically necessary.