

Case Number:	CM14-0066639		
Date Assigned:	07/11/2014	Date of Injury:	03/16/2010
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/10/2014

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. 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 claimant was injured on 03/16/10. Ultram ER, Prilosec, Zanaflex, Medrox, and transportation to and from the appointment on 08/04/14 are under review. A note by [REDACTED] dated 12/10/13 indicated the claimant was there for medication follow-up. He was taking Ultram ER, Zanaflex, and Prilosec. He was diagnosed with moderate musculoligamentous strain of the low back with facet syndrome and is also status post a left side dog bite. Urine drug screen was consistent with Ultram and negative for illicit substances. He was to continue his home exercises. On 06/19/14, presented to [REDACTED] office and office again. The notes are essentially illegible. The diagnoses, however, were the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for Ultram ER 150 mg. The CA MTUS p. 145 "Tramadol (Ultram) is a centrally acting synthetic

opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant's pattern of use of this medication and the functional improvement he receives from it has not been described in the records. The expected benefit or indications for the use of this medication have not been stated and the medical necessity of Ultram ER 150 mg #30 has not been clearly demonstrated. Therefore is not medically necessary.

Prilosec 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20mg #30 at this time. The CA MTUS state on p. 102 re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease (1) a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to the GI tract to support the use of this medication. The medical necessity of this request for Prilosec 20 mg #30 has not been clearly demonstrated. Therefore is not medically necessary.

Zanaflex 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary.

Decision rationale: The history and documentation do not objectively support the request for the use of Zanaflex 4mg #60. The MTUS state "muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to

improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication.... A record of pain and function with the medication should be recorded. (Mens 2005) Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Zanaflex 4 mg #60 is not medically necessary.

Medrox 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Medrox 120 ml (topical). The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of his other medications, also, with no documentation of intolerance or lack of effectiveness. The medical necessity of this request for the topical agent Medrox 120 ml has not been clearly demonstrated.

Transportation to and from appointment on 8/4/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: There are no guidelines to address transportation to and from appointments.

Decision rationale: The history and documentation do not objectively support the request for transportation to and from the appointment on 08/04/14. There is no identified guideline for transportation to and from office appointments and no specific reason was given or can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated. Therefore is not medically necessary.