

Case Number:	CM14-0070016		
Date Assigned:	08/08/2014	Date of Injury:	02/20/2012
Decision Date:	09/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 02/22/2012. The listed diagnoses per [REDACTED] are: 1. Sprain/strain of the lumbar spine. 2. Muscle spasm of lumbar spine, L1 to S1. 3. Radiculopathy of right leg. 4. Sciatica of right leg. 5. Paresthesia of right leg. 6. Antalgic gait. 7. Myalgia/myositis. According to progress report 12/26/2013, the patient presents with painful and tight lower back pain with spasms. Examination of the lumbar spine reveals tenderness and swelling, normal gait, flexion at 45/90, extension 20/30, left rotation 25/30, right rotation 25/30, left extension 20/20, and right flexion 20/20. The patient is taking medications, Tramadol ER 150 mg, Hydrocodone/APAP 2.5/325 mg, Diclofenac 100 mg, Omeprazole 20 mg, and Cyclobenzaprine 7.5 mg. According to progress report 01/16/2014, the patient reports lower back pain and spasm is slightly better. Treater states the patient has history of stomach upset with NSAIDs, which can cause gastritis. "I am prescribing Prilosec along with other medically necessary medications." On 02/28/2014, the patient renewed prescription for omeprazole 20 mg, Cyclobenzaprine 7.5 mg, tramadol ER 150 mg, Hydrocodone 325 mg, and Diclofenac 100 mg. On 03/20/2014, treater states the patient's low back with spasms are "not any better." He recommends the patient continue with previous medications. Utilization review denied the request for refill of medication on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with painful and tight lower back pain with muscle spasms. The treater is requesting a refill of tramadol ER 150 mg. Review of the medical file indicates the patient has been taking tramadol since at least 12/26/2013. MTUS guideline pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. In this case, review of the medical file indicates the patient is concurrently taking tramadol and hydrocodone. It is unclear as to why tramadol is being prescribed, a weak synthetic opioid, when the patient is already taking a strong opioid. The treater does not mention what tramadol is doing for this patient in terms of pain and function. The treater does not provide pain assessment, outcome measure, and functional assessment for chronic opioid use. Recommendation is for denial.

60 Hydrocodone / APAP 2.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with painful and tight lower back pain with muscle spasms. The treater is requesting a refill of hydrocodone/APAP 2.5/325 mg #60. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, review of progress reports from 12/26/2013 through 03/20/2014 does not provide specific ADL changes or significant functional improvement from taking chronic opioid. Treater does not provide pain assessment using a numerical scale, outcome measures, or opiate monitoring such as urine drug screen as required by MTUS. Recommendation is for denial.

60 Diclofenac 100mg:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications ; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61;22;67-68.

Decision rationale: This patient presents with painful and tight lower back pain with muscle spasms. The treater is requesting a refill of diclofenac 100 mg #60. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first line of treatment. Medical records indicate the patient has been taking this medication since at least 12/26/2013. This medication is intended for chronic pain as a first line of treatment. However, the treater does not provide any discussion regarding the medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

60 Omeprazole 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with painful and tight lower back pain with muscle spasms. The treater is requesting a refill of omeprazole 20 mg #60. Utilization review denied the request stating there is absence of clinical history indicating GI distress. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treater states "due to patient's history of stomach upset with NSAIDs which can cause gastritis, I am prescribing Prilosec along with other medically necessary medication." In this case, review of the medical file indicates the patient has been taking omeprazole concurrently with diclofenac since 12/26/2013. Treater states the patient has history of stomach upset from chronic NSAID use. Recommendation is for approval.

1 prescription of Prilosec: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with painful and tight lower back pain with muscle spasms. The treater is requesting a refill of omeprazole 20 mg #60. Utilization review denied the request stating there is absence of clinical history indicating GI distress. The MTUS Guidelines

page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treater states "due to patient's history of stomach upset with NSAIDs which can cause gastritis, I am prescribing Prilosec along with other medically necessary medication." In this case, review of the medical file indicates the patient has been taking omeprazole concurrently with diclofenac since 12/26/2013. Treater states the patient has history of stomach upset from chronic NSAID use. Recommendation is for approval.

60 Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with painful and tight lower back pain with muscle spasms. The treater is requesting a refill of cyclobenzaprine 7.5 mg #60. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." Review of the medical file indicates the patient has been taking cyclobenzaprine since 12/26/2013. In this case, the treater has prescribed this medication for long-term use. Recommendation is for denial.