

Case Number:	CM14-0071593		
Date Assigned:	07/16/2014	Date of Injury:	07/31/2011
Decision Date:	08/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/17/2014

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 Anesthesiologist and Pain Medicine, 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 44-year-old female who reported an injury on 07/31/2011. The mechanism of injury was not provided. The diagnoses included low back sprain/strain, right shoulder impingement status, and discogenic cervical condition with facet inflammation radiculopathy. Prior therapies included surgery, medications, and physical therapy. Per the 05/30/2014 clinical note, the injured worker reported constant pain in the right shoulder and low back. The injured worker also reported frequent spasms, as well as frequent numbness and tingling in the right arm. Objective findings included tenderness in the right shoulder and abduction to 50 degrees. Lumbar extension was noted to be 10 degrees and flexion 25 degrees. The injured worker's medications included tramadol ER 100 mg, Tylenol No. 3, Protonix 20 mg, Flexeril 7.5 mg, and Remeron 50 mg. The request for authorization for medications was submitted 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Utram, Ultram ER, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-80 Page(s): 76-80.

Decision rationale: The request for tramadol ER 100 mg quantity 60 is not medically necessary. The California MTUS Guidelines state opioid management should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for tramadol since at least 10/22/2013. There is not enough documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. Therefore, the request for tramadol ER 100 mg quantity 60 is not medically necessary.

Tylenol No. 3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-80 Page(s): 76-80.

Decision rationale: The request for Tylenol No. 3 quantity 60 is not medically necessary. The California MTUS Guidelines state opioid management should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for Tylenol No. 3 since at least 10/22/2013. There is not enough documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. Therefore, the request for Tylenol No. 3 quantity 60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, page(s) 68-69 Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include age greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID use. The medical records provided indicate an ongoing prescription for Protonix since at least 10/22/2013. There is not enough documentation regarding subjective complaints of gastrointestinal problems. There is no indication the injured worker had a history of peptic ulcer, GI bleeding, or perforation. In addition, there is no indication as to the efficacy of the medication. Based on this information, continued use is not supported. Therefore, the request for Protonix 20 mg quantity 60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41-42 Page(s): 41-42.

Decision rationale: The request for Flexeril 7.5 mg quantity 60 is not medically necessary. The California MTUS Guidelines state Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The medical records provided indicate an ongoing prescription for Flexeril since at least 10/22/2013. There is no indication as to the efficacy of the medication. Nonetheless, the guidelines do not support the long-term use of Flexeril. Based on this information, continued use is not supported. Therefore, the request for Flexeril 7.5 mg quantity 60 is not medically necessary.

Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: The request for Remeron 15 mg quantity 30 is not medically necessary. The Official Disability Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Sedating antidepressants have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The medical records provided indicate an ongoing prescription for Remeron since at least 10/22/2013. As of 05/30/2014, the injured worker reported pain affected her sleep by waking her up at night. The injured worker denied depression. There is no indication as to the efficacy of the medication including sleep onset, sleep maintenance, sleep quality, and next day functioning. In addition, the guidelines state there is little evidence to support the use of sedating antidepressants for insomnia. Based on this information, continued use is not supported. Therefore, the request for Remeron 15 mg quantity 30 is not medically necessary.