

Case Number:	CM14-0088060		
Date Assigned:	07/25/2014	Date of Injury:	07/22/2013
Decision Date:	09/03/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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, 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 is a 24-year-old male who reported an injury on 07/22/2013. The documentation indicated the injured worker had an MRI of the lumbar spine and electrodiagnostic testing. The injured worker's medication history was stated to be Motrin. The surgical history was stated to be negative. The mechanism of injury was the injured worker was attempting to lift up a wall with coworkers and injured his low back. The documentation of 04/14/2014 revealed the injured worker had low back pain. The injured worker indicated he had low back pain and intermittent numbness and tingling of his left lower extremities. The injured worker was noted to be taking tramadol 50 mg every 8 hours and indicated that the medication helped for pain for approximately 4 hours and then it wore off. The physical examination revealed the injured worker had 50% range of motion with flexion and extension, and had some trigger point tenderness of the L4-5 and L5-S1 paraspinal muscles. The straight leg raise elicited buttock pain on the left side and was negative on the right. The sciatic notches were pain free. The gait and station were normal. The injured worker had equal sensation and 5/5 strength in the bilateral lower extremities. The diagnoses included lumbar degenerative disc disease, lumbar discogenic pain and myofascial pain. The treatment plan included the injured worker had trialed and failed a TENS unit and the request was made for an H-Wave trial. The documentation indicated the injured worker was discontinued on the tramadol 50 mg and started on tramadol ER 150 mg by mouth daily #30 to provide better 24 hour pain relief and the injured worker discontinued ibuprofen and started naproxen sodium 550 mg 1 tablet by mouth twice a day. Additionally the injured worker started omeprazole 20 mg to reduce the risk of GI complications. The request was made for an H-Wave unit. Additionally, it was indicated the injured worker may be referred for physical therapy in the future. Additionally, the injured worker was written a

prescription for cyclobenzaprine 7.5 mg 60 tablets 1 by mouth twice a day as needed for muscle spasms.

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 Tramadol. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had taken tramadol. The physician was changing the dose to 150 mg to give him around the clock coverage. There was a lack of documentation of the above criteria. This was a new prescription. Given the above, and the lack of documentation, the request for Ultram ER 150mg #30 is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option short-term treatment of low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to indicate the injured worker had muscle spasms upon physical examination. The request for 60 tablets would exceed the guideline recommendations of 3 weeks usage. This was a new prescription. Given the above, the request for Flexeril 7.5mg #60 is not medically necessary.

Prilosec 20mg #30: 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the injured worker had signs and symptoms of dyspepsia to support the necessity for a PPI. Given the above, the request for Prilosec 20mg #30 is not medically necessary.

H-wave 30 day trial: 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 H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H-Wave stimulation as an isolated intervention. However, a 1 month trial is appropriate for neuropathic pain if it is used as an adjunct to a program of evidence based restoration and only following the failure of initially recommended conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation. The clinical documentation submitted for review failed to indicate the injured worker had previous physical therapy. It was documented physical therapy may be considered at a later date. There was lack of documentation of a failure of medications. There was documentation the injured worker had trialed and failed transcutaneous electrical nerve stimulation. Given the above, the request for H-Wave 30 day trial is not medically necessary.