

Case Number:	CM14-0095162		
Date Assigned:	07/25/2014	Date of Injury:	10/15/2009
Decision Date:	11/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 51-year-old male with a 10/15/09 date of injury. At the time (4/28/14) of request for authorization for Retrospective request for Cyclobenzaprine 7.5 mg, QTY: 60 for the date of service 4/28/14, Retrospective request for Tramadol 150 mg, QTY: 30 for the date of service 4/28/14, and Retrospective request for Pantoprazole 20 mg, QTY: 60 for the date of service 4/28/14, there is documentation of subjective (chronic moderate low back pain with spasms radiating to the lower extremities and into the buttocks with numbness and tingling) and objective (decreased lumbar extension and flexion) findings, current diagnoses (chronic low back pain with referred pain into the legs due to chronic muscle strain), and treatment to date (Cyclobenzaprine since at least 11/28/13 with relief of spasms, and ongoing therapy with Tramadol and Pantoprazole). Medical report identifies a request for refill of medications for the purpose of symptom control and maintaining functionality. Regarding Retrospective request for Cyclobenzaprine 7.5 mg, QTY: 60 for the date of service 4/28/14, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Retrospective request for Tramadol 150 mg, QTY: 30 for the date of service 4/28/14, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Tramadol use to date. Regarding Retrospective request for Pantoprazole 20 mg, QTY: 60 for the date of service 4/28/14, there is no documentation that

Pantoprazole is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5 mg, QTY: 60 for the date of service 4/28/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain with referred pain into the legs due to chronic muscle strain. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 11/28/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of spasm relief with use of Flexeril, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Cyclobenzaprine 7.5 mg, QTY: 60 for the date of service 4/28/14 is not medically necessary.

Retrospective request for Tramadol 150 mg, QTY: 30 for the date of service 4/28/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80;113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain with referred pain into the legs due to chronic muscle strain. In addition, there is documentation of ongoing treatment with Tramadol. Furthermore, there is documentation of moderate pain and Tramadol used as a second-line treatment (in combination with first-line drugs). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of a request for refill of medications for the purpose of symptom control and maintaining functionality, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Tramadol 150 mg, QTY: 30 for the date of service 4/28/14 is not medically necessary.

Retrospective request for Pantoprazole 20 mg, QTY: 60 for the date of service 4/28/14:
Upheld

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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as omeprazole or lansoprazole), as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain with referred pain into the legs due to chronic muscle strain. However, there is no documentation

of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. In addition, there is no documentation that Pantoprazole is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole). Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Pantoprazole 20 mg, QTY: 60 for the date of service 4/28/14 is not medically necessary.