

Case Number:	CM14-0011449		
Date Assigned:	02/21/2014	Date of Injury:	04/15/2013
Decision Date:	03/30/2015	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 34 year old male who sustained an industrial related injury on 4/15/13. The injured worker had complaints of neck pain that radiated to the shoulders, back pain that radiated to the buttocks, and numbness in the legs and feet. Treatment included physical therapy and use of an electrical stimulation unit and inversion table. Diagnoses included musculoligamentous sprain of the cervical spine with upper extremity radiculitis, musculoligamentous sprain of the thoracic spine, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, internal derangement of the left knee, probable tear of the left knee medial meniscus, chondromalacia patella of the left knee, and disc bulges of L1-S1. The treating physician requested authorization for Methocarbamol 750mg #90, Tramadol 50mg #200, Omeprazole 20mg #60, and Cyclobenzaprine 10mg #30. On 1/22/14 the requests were non-certified. The utilization review physician cited Medical Treatment Utilization Schedule guidelines but no specific rationale was noted in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBENOL 750 MG #90: 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.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation indicates that the injured worker is prescribed a Non-steroidal anti-inflammatory drug in addition to Methocarbamol. Furthermore, it is stated Methocarbamol is taken on a daily basis. Records show no evidence of acute exacerbation of the injured workers symptoms of neck, mid and low back pain to justify continued use of a muscle relaxant. The request for Methocarbamol 750 MG #90 is not medically necessary by MTUS.

TRAMADOL 50 MG #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 1, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complaints of radicular neck, mid and low back pain. Review of the medication list provided with the documentation indicated that Tramadol has been prescribed for at least three months prior to the date of the request under review. With MTUS guidelines not being met, the request for Tramadol 50 MG #200 is not medically necessary.

OMEPRAZOLE 20 MG # 60: 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.

Decision rationale: MTUS recommends the combination of non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker has other chronic medical

conditions that would place him at high risk of gastrointestinal events. The request for Omeprazole 20 MG # 60 is not medically necessary by MTUS guidelines.

CYCLOBENZAPINE 10 MG #30: 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.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to show evidence of acute exacerbation of the injured worker's symptoms of neck, mid and low back pain to justify continued use of a muscle relaxant. The request for Cyclobenzaprine 10 MG #30 is not medically necessary by MTUS.