MAXIMUS Federal Services

Case Number:	CM14-0192444		
Date Assigned:	11/26/2014	Date of Injury:	04/24/2014
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 26 year old female who was injured on 4/24/14 during an automobile accident. She was diagnosed with fracture of her left foot treated with a cast and later a CAM walker. She also was diagnosed with cervical sprain and lumbosacral sprain. She returned to work with some restrictions. She was initially started on medication treatment with Norco and later tramadol on 5/29/14. She was later treated with physical therapy. Care was transferred to an orthopedic physician, who saw the worker on 7/15/2014 when she was recommended to start cyclobenzaprine, Sumatriptan, Ondansetron, Voltaren SR, and tramadol ER. Later, on 9/16/14, the worker was seen for a follow-up reporting constant cervical spine pain with radiation to her arms, headaches, rated 7/10 on the pain scale, bilateral shoulder pain rated 7/10 on the pain scale, left hand pain rated 8/10 on the pain scale, low back pain with radiation to legs rated 7/10 on the pain scale, left knee pain rated 7/10 on the pain scale, and left ankle pain rated 8/10 on the pain scale. All of her complaints were unchanged compared to the previous report on 7/15/14. Physical examination findings included cervical paravertebral muscle tenderness and spasm, tenderness of the bilateral shoulder joints, tenderness of the lumbar paraspinal muscles with spasm, positive seated nerve root test, normal sensation, tenderness of anterior left knee joint line space with a "somewhat positive" patellar grind test, tenderness of medial aspect of left ankle joint, and gait was abnormal with the assist of one crutch. She was recommended to continue physical therapy and take Fenoprofen, cyclobenzaprine, omeprazole, and tramadol ER. Reports referring to that office date suggested that she was benefitting from her tramadol use during acute flare-ups of pain (no details provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127-128.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had been using NSAIDs chronically for months leading up to this request according to the notes available for review. The new prescription for Fenoprofen was recommended after taking Voltaren SR for some time. However, the request to continue an NSAID far beyond what would be considered short-term, and it appears that the purpose of this request was to continue to treat her with NSAIDs chronically, which is not recommended for her injuries. Also, there was no evidence to suggest that she was experiencing an acute flare of her chronic pain which might have justified a short course of an NSAID. Therefore, the Fenoprofen is not medically necessary.

Omeprazole 20mg #120: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence from the documents provided that she was at an elevated risk for gastrointestinal events while taking the NSAIDS prescribed which would not be considered a high dose. Regardless, considering the reviewer does not agree with continuing NSAIDs chronically in this worker, the PPI would also not be warranted. Therefore, the omeprazole is not medically necessary to continue.

Cyclobenzaprine HCL tab 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case had been using cyclobenzaprine as needed. Actual frequency not included in the notes provided for review, however the requests suggest that she had enough pills for once a day (chronic) use, which is not recommended for this category of medication. Also, there was no evidence to suggest she was experiencing an acute flare of her chronic pain which might have helped to justify a short course of a muscle relaxant. Therefore, the cyclobenzaprine is not medically necessary to continue.

Tramadol ER 150mg #90: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence found in the notes available for review to suggest this full review was completed with the worker. Particularly, there was incomplete reporting on the measurable functional benefits provided to the worker directly related to her tramadol ER use, which is required in order to justify its continuation. Therefore, the tramadol ER is not medically necessary to continue without this evidence of benefit and appropriateness.