

Case Number:	CM14-0196319		
Date Assigned:	12/04/2014	Date of Injury:	08/02/2005
Decision Date:	01/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine 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 50 year-old male, who sustained an injury on August 2, 2005. The mechanism of injury is not noted. Diagnostics have included: Cervical spine x-rays dated July 28, 2014, reported as showing excellent positioning of C3-7 surgical implants. Treatments have included medications, physical therapy, two cervical spine fusion surgeries, total knee arthroplasty and Synvisc injections. The current diagnoses are lumbago, cervicgia, dysphagia, and gastrointestinal (GI) reflux. The stated purpose of the request for Fenoprofen Calcium 400 mg #120 was for inflammation and pain which was denied on October 31, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Omeprazole 20mg #120 was for GI issue which was denied on October 31, 2014, citing a lack of documentation of GI issues if non-steroidal anti-inflammatory drugs (NSAIDs) are being denied. The stated purpose of the request for Cyclobenzaprine Hydrochloride 7.5 mg #120 was for muscle spasms which denied on October 31, 2014, citing a lack of guideline support for long-term use of this medication. The stated purpose of the request for Tramadol 150mg #90 was for acute severe pain which was denied on October 31, 2014, citing a lack of documentation of functional improvement. Per the report dated September 22, 2014, the treating physician noted complaints of neck pain with radiation to the upper extremities, along with headaches. Exam findings included cervical and lumbar paravertebral spasms and tenderness as well as restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 mg #120: 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 Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The requested Fenoprofen Calcium 400 mg #120 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-Inflammatory Medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has neck pain with radiation to the upper extremities, along with headaches. The treating physician has documented cervical and lumbar paravertebral spasms and tenderness as well as restricted range of motion. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use which has been prescribed since August 2013, or hepatorenal lab testing. The criteria noted above not having been met, the request for Fenoprofen Calcium 400 mg #120 is not medically necessary.

Omeprazole 20mg #120: 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 GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #120 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck pain with radiation to the upper extremities, along with headaches. The treating physician has documented cervical and lumbar paravertebral spasms and tenderness as well as restricted range of motion. This medication has been prescribed since at least August 2013. The treating physician has not documented medication-induced gastrointestinal (GI) complaints or GI risk factors. The criteria noted above not having been met, the request for Omeprazole 20mg #120 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #120: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine Hydrochloride 7.5 mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than non-steroidal anti-inflammatory drugs (NSAIDs) and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain with radiation to the upper extremities, along with headaches. The treating physician has documented cervical and lumbar paravertebral spasms as well as tenderness and restricted range of motion. This medication has been prescribed since at least August 2013. The treating physician has not documented intolerance to NSAID treatment or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, the request for Cyclobenzaprine Hydrochloride 7.5 mg #120 is not medically necessary.

Tramadol 150mg #90: 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 On-Going Management; Opioids for Chronic Pain; Tramadol Page(s): 78-80; 80-82; 113.

Decision rationale: The requested Tramadol 150mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80; Opioids for Chronic Pain, pages 80-82; and Tramadol, page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation to the upper extremities, along with headaches. The treating physician has documented cervical and lumbar paravertebral spasms and tenderness as well as restricted range of motion. This medication has been prescribed since at least August 2013. The treating physician has not documented failed first-line opiate trials; Visual Analog Scale (VAS) pain quantification with and without medications, duration of treatment; objective evidence of derived functional benefit, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention; measures of opiate surveillance including an executed narcotic pain contract; and/or urine drug screening. The criteria noted above not having been met, the request for Tramadol 150mg #90 is not medically necessary.