

Case Number:	CM14-0198883		
Date Assigned:	12/09/2014	Date of Injury:	07/27/1999
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date of 07/27/99. Based on 10/02/14 progress report, the patient complains of constant sharp pain in the lumbar and cervical spine that radiates to the lower and upper extremities respectively and is rated at 7/10. The patient also suffers from migraine headaches and tension between the shoulder blades. The pain is aggravated by physical activity. Physical examination reveals tenderness to palpation in the paravertebral muscles with spasm. Axial loading compression test and Spurling's maneuver are positive in the cervical spine and the seated nerve root test is positive in the lumbar spine. Range of motion is limited. Physical examination of the wrists and hands reveal positive Phinel's and Tinel's test. Physical examination of ankles and feet shows tenderness at the plantar aspect and bilateral ankles. Range of motion is painful and restricted in upper and lower extremities. As per progress report dated 09/22/14, the patient exhibited a positive Minor's sign, midline pain from C4 to C7 with interspinous swelling along with facet joint pain to right C4/7 levels. The patient also has midline pain from T4 - T10 and L3 - S1 with facet joint tenderness. The patient is off work, as per progress report dated 09/22/14. Radiographic examination of the Cervical Spine (no other details mentioned), as per progress report dated 09/22/14:- Reversed cervical lordosis- Retrolisthesis of C5 and C6 with posterior disc swelling indicating posterior disc bulge- Left shoulder elevated in comparison to the right- Right cervical lean with a right head tilt caused by the myospasm of the cervical paraspinal and associated musculature Radiographic examination of the Lumbar Spine (no other details mentioned), as per progress report dated 09/22/14:- Right iliac crest is elevated compared to the right- Dextroscoliosis, decreases L5-S1 disc space- Fibroid cyst at left L5-S1 spinal level with a small cyst anterior of a large cyst. Diagnoses, 09/22/14:- Spondylolisthesis Grade I L4/5 and L5-S1- Lumbar scoliosis- Lumbar degenerative disc disease- Spinal enthesopathy- Cervical segmental dysfunction- Cervical degenerative disc disease- Retrolisthesis

of C5The utilization review determination being challenged is dated 11/10/14. Treatment reports were provided from 01/16/14 - 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg; one every 12 hours as needed #120: Overturned

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 patient presents with constant sharp pain in the lumbar and cervical spine, rated at 7/10, that radiates to the lower and upper extremities along with migraine headaches and tension between the shoulder blades, as per progress report dated 10/02/14. The request is for Omeprazole 20mg; One Every 12 Hours as Needed #120.MTUS pg. 69 states, "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the progress reports do not discuss the medications. Only a separate prescription for medications dated 12/12/13 and a Request for Authorization form dated 01/16/14 were found. The patient is under 65 years of age and there is no evidence of ASA, corticosteroids, and/or an anticoagulant use. However, in the RFA, the treater states that "The patient described stomach upset and epigastric pain with the use of Naproxen previously." Given the patient's chronic pain, prolonged use of NSAIDs, and history of GI complaints, the use of Omeprazole appears reasonable. This request IS medically necessary.

Cyclobenzaprine hydrochloride 7.5mg; one (1) every 8 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with constant sharp pain in the lumbar and cervical spine, rated at 7/10, that radiates to the lower and upper extremities along with migraine headaches and tension between the shoulder blades, as per progress report dated 10/02/14. The request is for Cyclobenzaprine Hydrochloride 7.5 Mg; One Every Eight Hours as Needed # 120.MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in

patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."In this case, the progress reports do not discuss the medications. Only a separate prescription for medications dated 12/12/13 and a Request for Authorization form dated 01/16/14 were found. In the RFA, the treater states that the patient was prescribed Cyclobenzaprine because she was experiencing "palpable muscle spasms." The treater also states that apart from helping manage the "exacerbation of pain and spasms," the medication will also help sleep disruption caused by chronic pain due to an off label benefit. However, there is no documentation of reduction in pain or improvement in function in any of the subsequent progress reports. Additionally, MTUS only recommends short-term use of muscle relaxants with a record of improvement in pain and function, this request IS NOT medically necessary.

Tramadol ER 150mg QD #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 Criteria for Use of Opioids, Page(s): 88-89,78.

Decision rationale: The patient presents with constant sharp pain in the lumbar and cervical spine, rated at 7/10, that radiates to the lower and upper extremities along with migraine headaches and tension between the shoulder blades, as per progress report dated 10/02/14. The request is for Tramadol ER 150 mg QD # 90. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the progress reports do not discuss the medications. Only a separate prescription for medications dated 12/12/13 and a Request for Authorization form dated 01/16/14 were found. In the RFA, the treater states that "The use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement in function." However, there is no record of change in pain scale or specific impact on activities of daily living. No urine drug screens or CURES reports were provided for review. The treater does not discuss side effects associated with the Tramadol use as well. There is no information about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. This request IS NOT medically necessary.

Sumatriptan succinate 25mg #9 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Head, Triptan.

Decision rationale: The patient presents with constant sharp pain in the lumbar and cervical spine, rated at 7/10, that radiates to the lower and upper extremities along with migraine headaches and tension between the shoulder blades, as per progress report dated 10/02/14. The request is for Sumatriptan Succinate 25 mg # 9 X 2. ODG Guidelines, chapter 'Head' and topic 'Triptan', state that Triptans such as Sumatriptan are "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." In this case, the progress reports do not discuss the medications. Only a separate prescription for medications dated 12/12/13 and a Request for Authorization form dated 01/16/14 were found. The RFA states that "The patient noted that this medication has been of great benefit in the past alleviating the migrainous headaches that are associated with chronic cervical spine sprain." However, none of the reports contain the diagnosis of migraines and there is no description of the symptoms associated with migraines. There are no documentations in the progress reports as to how this medication is working either. The request IS NOT medically necessary.