

Case Number:	CM14-0206367		
Date Assigned:	12/18/2014	Date of Injury:	01/08/2013
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 and Rehabilitation, 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 64 year old female with an injury date of 01/08/13. Based on the 08/20/14 progress report, the patient describes her symptoms as stabbing with frequent shock-like pain going into legs, and frequent tingling in her feet. When her back pain increases, it affects her neck and shoulders, and feels like cramping in her back muscles. The 10/13/14 report states that the patient has low back pain with left greater than right lower extremity symptoms. She rates her pain as a 9/10 scale and has tenderness to the lumbar spine. According to the 11/04/14 report, the patient complains of constant, sharp, stabbing pain primarily at the center of the lumbosacral spine, and travels across her low back in a band-like distribution. Her pain radiates to her bilateral groin as well as her bilateral lower extremities. She has numbness and tingling in her lower left extremity. There is pain elicited to palpation over the supraspinous ligament, from L4 thru the sacrum, and over the erector spinae muscles bilaterally (left greater than right). The patient's diagnoses include the following: 1. Protrusion 5mm at L4-5 with bilateral L5 radiculopathy, left greater than right. The utilization review determination being challenged is dated 12/05/14, treatment reports were provided from 05/08/14-11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg #60 with 2 refills dispensed on 10/13/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, criteria for use Page(s): 93-94; 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with lumbosacral spine pain which radiates to her bilateral groin as well as her bilateral lower extremities. The retrospective request is Tramadol 150 mg #60 with 2 refills (DOS: 10/13/14). The patient has been taking tramadol as early as 05/08/2014. MTUS Guidelines pages 88 through 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 out measures that includes 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. The 07/28/2014, 08/18/2014, and 09/08/2014 reports all state that "Medication at current dosing facilitates maintenance of ADLs with examples provided including light household duties, shopping for groceries, grooming, and cooking. Recalls times that without medication ADLs were in jeopardy and does give examples. Recalls frequent inability to adhere to recommended exercise regimen without medication on board, due to pain, now maintained with medication. Specific examples provided in regards to objective improvement with medication on board including tolerance to activity and improved function at current dosing." Both the 09/22/2014 and 10/13/2014 reports state that the patient has "heightened function with medication at current dosing with examples provided today. The patient indicates that ADLs are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, and bathing. Medication facilitates maintenance of recommended exercise level and healthy activity level, and preparation. Several examples of objective improvement with medication on board, a current dosing described today including tolerance to activity and improved range of motion... Decreases pain average 5 points on scale of 10, activity dependent. Provides examples and indicating objective improvement including greater range of motion, improved tolerance of activity and exercise, and greater adherence to recommended exercise. Reports greater functionality with tramadol ER, specific examples entertained, lengthy discussion. No side effects with consumption of tramadol ER." In this case, not all MTUS guideline requirements were clearly documented. The patient has pain relief with the use of Tramadol. The treater documents specific ADLs which demonstrate medication efficacy. The patient does not have any adverse behaviors or side effects. But, there were no opiate management issues discussed such CURES reports, pain contracts, etc. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Tramadol is not medically necessary.

Retrospective request for: Naproxen 550 mg #90 dispensed on 10/13/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDs, specific drug list and adve. Decision based on Non-MTUS Citation <http://www.drugs.com/dosage/naproxen.html>, Usual Adult Dose for Tendonitis, Naproxen Dosage

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient presents with lumbosacral spine pain which radiates to her bilateral groin as well as her bilateral lower extremities. The retrospective request is for NAPROXEN 550 MG #90 (DOS: 10/13/14). The patient has been taking naproxen as early as 05/08/2014. MTUS Guidelines on anti-inflammatory page 22 states, "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." In this case, the patient continues to have lumbosacral spine pain which travels to her bilateral lower extremities and her bilateral groin. She has numbness/tingling in her lower left extremity. There is pain elicited to palpation over the supraspinous ligament, from L4 thru the sacrum, and over the erector spinae muscles bilaterally (left greater than right). For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of documentation regarding when naproxen has done for the patient's pain and function and why it is prescribed, as required by MTUS page 60. The requested Naproxen is not medically necessary.

Retrospective: Pantoprazole 20 mg #90 dispensed on 10/13/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/pantoprazole.html>, Pantoprazole

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with lumbosacral spine pain which radiates into her bilateral groin as well as her bilateral lower extremities. The retrospective request is for Pantoprazole 20 mg #90 (DOS: 10/13/14). The utilization review denial rationale is that there were no records with the patient's specific GI complaints nor has there been any documentation of an evaluation including review of systems appropriate for GI complaints." The patient has been taking pantoprazole as early as 05/08/2014. MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) Ages greater than 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of the ASA, corticosteroids, and/or an anticoagulant; (4) High dose/multiple NSAID. Recent studies tend to show that H. pylori do not act synergistically with NSAIDs to develop gastro duodenal lesions." MTUS Guidelines also states, "Treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is currently taking Tramadol, Naproxen Sodium, Cyclobenzaprine, and Pantoprazole. The 05/08/2014, 06/09/2014, 07/28/2014, 08/18/2014, 09/08/2014, 09/22/2014, 10/13/2014, and 11/10/2014 reports all indicate that the patient "Recalls NSAIDs therapy resulted in a GI upset with no PPI, PPI at q.d. and b.i.d. dosing; however, denies GI upset with PPI at current titrated dose t.i.d. The patient indicates no history of ulcer, hemoptysis, hematochezia, or cardiac history." It appears that the patient has been

taking pantoprazole to prevent any GI issues that she may have had. Therefore, the requested Pantoprazole is medically necessary.

Retrospective: Cyclobenzaprine 7.5 mg #90 dispensed on 10/13/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The patient presents with lumbosacral spine pain which radiates to her bilateral groin as well as her bilateral lower extremities. The retrospective request is for Cyclobenzaprine 7.5 mg #90 (DOS: 10/13/14). The patient has been taking Cyclobenzaprine as early as 07/28/2014. MTUS Guidelines page 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." MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking cyclobenzaprine since 07/28/2014 which exceeds 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine is not medically necessary.