

Case Number:	CM14-0208829		
Date Assigned:	12/22/2014	Date of Injury:	08/11/2008
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 62 year old male with date of injury 8/11/08. The treating physician report dated 11/13/14 (23) indicates that the patient presents with chronic pain affecting the lower back with pain in both legs with associated paresthesia. The patient's previous MRI shows multi level disc disease and a repeat MRI was denied. The physical examination findings reveal that the patient has difficulty getting on and off of the exam table, he is unable to extend his lumbar spine, flexion is to 20 degrees and he grimaces with any movement. The patient cannot do any bending or squatting. He cannot do kneeling. He can do intermittent sitting, standing, and walking, but no more than 10-15 minutes at a time. The current diagnoses are: 1.Discogenic lumbar condition 2.Disc bulgingat L3/43.EMG is showing significant chronic radiculopathy on the right at L5The utilization review report dated 11/26/14 (3) denied the request for Tramadol, Flexeril and Protonix based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list- Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic lower back pain with radicular pain into the lower extremities with associated paresthesia. The current request is for Retrospective Tramadol ER 150mg, #30. The treating physician states, "He received medications from our office including Protonix 20mg (#60) for upset stomach, Tramadol ER 150 mg #30 for pain, Flexeril 7.5 mg #60 for muscle spasms, Terocin patches #20 for topical relief and gabapentin 600 mg #90 for neuropathic pain. These medications have been prescribed since at least 6/4/14. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 treating physician has stated that the pain is constant at 7-8/10 and with medication he gets some relief specifically 30-40%. The documents provided for review do not show before and after pain scales, there is no documentation of functional improvements, no discussion of side effects, aberrant behaviors or discussion regarding CURES or UDS. The MTUS guidelines required thorough documentation for ongoing opioid usage. The current request is not medically necessary.

Retrospective Flexeril 7.5 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: The patient presents with chronic lower back pain with radicular pain into the lower extremities with associated paresthesia. The current request is for Retrospective Flexeril 7.5mg, #60. The treating physician states, "He received medications from our office including Protonix 20mg (#60) for upset stomach, Tramadol ER 150 mg #30 for pain, Flexeril 7.5 mg #60 for muscle spasms, Terocin patches #20 for topical relief and gabapentin 600mg #90 for neuropathic pain. These medications have been prescribed since at least 6/4/14. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication since at least 6/4/14 which is beyond the guideline recommendations. The request is not medically necessary.

Retrospective Protonix 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

Decision rationale: The patient presents with chronic lower back pain with radicular pain into the lower extremities with associated paresthesia. The current request is for Retrospective Flexeril 7.5 mg, #60. The treating physician states, "He received medications from our office including Protonix 20mg (#60) for upset stomach, Tramadol ER 150 mg #30 for pain, Flexeril 7.5 mg #60 for muscle spasms, Terocin patches #20 for topical relief and Gabapentin 600 mg #90 for neuropathic pain. These medications have been prescribed since at least 6/4/14. The MTUS Guidelines state Protonix is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. There is no documentation of oral NSAIDs prescribed for this patient. The treating physician has stated that the patient has upset stomach and has prescribed Protonix, but there is no medical necessity substantiated for this request. The recommendation is not medically necessary.