

Case Number:	CM14-0209379		
Date Assigned:	12/22/2014	Date of Injury:	06/13/2012
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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

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 58-year-old female with a date of injury of 06/13/2012. According to progress report dated 11/19/2014, the patient presents with constant pain in the low back with radiating pain into the lower extremities. The patient's pain is rated as 7/10 on the pain scale. The patient complains of weakness and numbness in the left leg. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Standing flexion and extension are guarded and restricted. There is tingling and numbness in the posterior leg and lateral foot which is an S1 dermatomal pattern. There is full strength in the ankle plantar flexors and ankle reflexes are symmetric. The listed diagnoses are: 1. Osteoarthritis. 2. Displacement, lumbar intervertebral disk without myelopathy. 3. Degenerative lumbar/lumbosacral intervertebral disk. 4. Laminectomy syndrome, lumbar region. 5. Lumbago. 6. Arthrodesis, status post. Treatment plan is for refill of medications including Nalfon 100 mg, tramadol ER 150 mg, cyclobenzaprine and omeprazole 20 mg. The patient remains off-work. The utilization review denied the request on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 100mg #100 1 pill three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories; medication for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with chronic low back pain with radiation of pain into the lower extremities. The current request is for Fenoprofen Calcium (Nalfon) 100 mg #100 one pill three times a day. For antiinflammatory medications, the MTUS Guidelines page 22 states, "Antiinflammatories 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 utilization review modified the certification from the requested #100 to #90 stating that the claimant is status post multi-level lumbar fusion with continued pain and this medication is appropriate for pain control. Review of the medical file indicates the patient has been taking this medication prior to 10/22/2014 as patient was given a refill of medication on this date. In this case, recommendation for further use cannot be supported as the treating physician has provided no discussion regarding any improvement in pain or functional changes with taking Nalfon. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Nalfon is not medically necessary.

Tramadol ER 150mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: This patient presents with chronic low back pain with radiation of pain down the bilateral extremities. The current request is for Tramadol ER 150 mg qty 90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. The progress report submitted for review provides no discussion regarding this medication. Utilization review indicates that the patient has been taking Tramadol as early as 10/22/2014 as the patient was given a refill on this date. In this case, the treating physician has failed to provide outcome measures including before and after pain scales to denote a decrease in pain. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. Adverse side effects are not addressed and urine drug screenings have not been provided as required by MTUS for opiate management. The treating physician has failed to provide the

minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Tramadol is not medically necessary.

Cyclobenzaprine Hydrochloride tablets qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63,64.

Decision rationale: This patient presents with chronic low back pain with radiation of pain down the lower extremities. The current request is for Cyclobenzaprine Hydrochloride tablets qty 120. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Review of the medical file indicates the patient has been taking Cyclobenzaprine as early as 05/20/2014. The MTUS Guidelines support the usage of Cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. The requested Cyclobenzaprine #120 is not medically necessary.

Omeprazole 20mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

Decision rationale: This patient presents with chronic low back pain with radiation of pain into the lower extremities. The current request is for Omeprazole 20 mg qty 120. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.