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| Case Number: | CM14-0079673 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 01/19/2008 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Family Practice, and is licensed to practice in Ohio. 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 68-year-old male with a cumulative trauma dated between 1975 and January 2008. The limited clinical information available comes from a partial agreed medical examiner supplemental report. We can ascertain that the injured worker has a herniated lumbar disc. No other clinical information is available. At issue are requests for Cyclobenzaprine 10 mg #30 with 3 refills, Tramadol 50 mg #200 with 3 refills, Ketoprofen 75 mg #90 and 3 refills, Omeprazole 20 mg #30 with 3 refills, and Norco 5/325 mg #30. These medications were previously non-certified based on a lack of medical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, # 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41 and 42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. It is recommended for short-term use only, typically 2-3 weeks. The requested medication appears to

be for continuous therapy and therefore Cyclobenzaprine 10 mg #30 with 3 refills is not medically necessary.

Tramadol 50 mg, # 200 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. In this instance, there is a lack of clinical information provided to substantiate the presence of moderate to severe pain. Therefore, Tramadol 50 mg #200 with 3 refills is not medically necessary.

Ketoprofen 75 mg, # 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 and 68.

Decision rationale: NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis. They are also recommended for short-term exacerbations of back pain. In this instance, the lack of medical documentation renders it impossible to know the actual reasons for use of the Ketoprofen. Therefore, Ketoprofen 75 mg #90 with 3 refills is not medically necessary.

Omeprazole 20 mg # 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated to diminish the risk of gastric ulceration for those taking high-dose NSAIDs, those having a history of gastric ulceration, those greater than 65 years of age, and for those taking aspirin, corticosteroids, or an anticoagulant. In this instance, the ketoprofen was not certified thereby negating the necessity for a proton pump inhibitor. Therefore, Omeprazole 20 mg #30 with 3 refills is not medically necessary.

Hydrocodone/APAP/5/325 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. In this instance, the lack of medical documentation provided exit impossible to know what level of pain injured workers experiencing and whether or not the Norco is effective for pain relief and if it improves functionality. The cited guidelines require ongoing assessment for pain relief, medication side effects, functionality, and any aberrant drug taking behavior for those taking opioids chronically. Therefore, Hydrocodone/Acetaminophen 5/325 mg #30 is not medically necessary.