MAXIMUS Federal Services

Case Number:	CM15-0003269		
Date Assigned:	01/14/2015	Date of Injury:	02/03/2011
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: Orthopedic Surgery, Sports Medicine

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 31-year-old female who reported an injury on 02/03/2011. The mechanism of injury was the injured worker was restocking wine shelves with champagne; when she bent over to reposition a champagne box to bring it closer to her, she felt a sharp pain in the left side of her low back that radiated into her left buttock and leg. The injured worker was noted to utilize tramadol ER and NSAIDs since at least 06/2014. The prior therapies included physical therapy, activity modification, TENS unit, home exercise, cold, heat, and stretching. Additionally, the injured worker was utilizing orphenadrine as of 06/2014. The injured worker underwent a lumbar microdiscectomy and left sided decompression at L5-S1 and postoperative epidural steroid injections. The injured worker underwent an MRI of the lumbar spine. The documentation of 11/03/2014 indicated that the injured worker had low back pain with left lower extremity symptoms. The injured worker was noted to have maintenance of ADLs with medication at current dosing, including grocery shopping, basic necessary household duties, bathing, grooming, and preparation of food/cooking. The injured worker was noted to be utilizing tramadol and denied side effects. The injured worker had a diminution of pain up to 6 points on a scale of 10 with tramadol ER at 300 mg per day. The injured worker had objective improvement such as great range of motion and tolerance to activities and exercise, and adherence to a daily exercise regimen. The injured worker indicated she had a 2 to 3 point diminution in the pain component with the use of NSAIDs. The injured worker had NSAID therapy which historically resulted in GI upset; however, it did not at the 3 times a day dosing. The injured worker was noted to have spasms that were refractory to stretching, heat, cold,

activity modification, physical therapy, and home exercise prior to utilization of cyclobenzaprine. However, the use of cyclobenzaprine decreased the spasms for an average of 5 hours with improved range of motion and tolerance to exercise and decreased overall pain levels. The objective findings revealed tenderness of the lumbar spine and lumbar paraspinal musculature. The diagnoses included left lumbar radiculopathy secondary to L5-S1 protrusion and status post remote lumbar decompression. The treatment plan included a lumbar spine orthosis and TENS unit, and medications. The documentation indicated the injured worker was being monitored for aberrant drug behavior. The medication dispensed included tramadol ER 150 mg 2 by mouth daily #60 and naproxen sodium 550 mg 1 by mouth 3 times a day #90; it was documented the injured worker failed first line therapy of NSAIDs, aspirin, ibuprofen, and diclofenac sodium, and failed a trial of a COX 2 inhibitor. The injured worker had a 2 to 3 point decrease in somatic pain on a scale of 10 and this resulted in improvement in functional range of motion as documented. The injured worker was dispensed pantoprazole 20 mg 1 by mouth 3 times a day #90 and had positive GI risk factors per discussion and history and had failed first line omeprazole. The injured worker was noted to have effect at 3 times a day dosing. The injured worker was dispensed cyclobenzaprine 7.5 mg for refractory muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, 1 PO TID #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. While the injured worker had utilized the medication for an extended time, the clinical documentation submitted for review met the above criteria. Given the above, the request for naproxen sodium 550 mg 1 by mouth 3 times a day #90 is medically necessary.

Pantoprazole 20mg, 1 PO TID #90: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events and for treatment of dyspepsia secondary to NSAID therapy. The clinical

documentation submitted for review indicated the injured worker had objective benefit with pantoprazole. This medication would be supported. The injured worker was found to be at risk and had dyspepsia. Given the above, the request for pantoprazole 20 mg 1 by mouth 3 times a day is medically necessary.

Cyclobenzaprine 7.5mg, 1 PO TID PRN spasm #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The documentation indicated the injured worker's spasms remained refractory to moist heat and the current dosing decreased the quantity of spasms. These would be exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for cyclobenzaprine 7.5 mg 1 by mouth 3 times a day as needed spasm #90 is medically necessary.

Tramadol ER 150mg, 2 PO QD #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review meets the above criteria. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects and had objective functional improvement as well as an objective decrease in pain. Given the above, the request for tramadol ER 150 mg 2 by mouth daily #60 is medically necessary.