

Case Number:	CM15-0004419		
Date Assigned:	01/14/2015	Date of Injury:	04/07/1994
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
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: New York
 Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on April 7, 1994. He has reported low back, upper back and neck pain after falling off a ladder. The diagnoses have included cervical spine sprain, gastritis, and degenerative disc disease. Treatment to date has included medications, and a home exercise program. Currently, the IW complains of neck pain radiating to shoulders. On December 1, 2014, he reports no change in symptoms from a previous evaluation. He also reports that medications are helpful with symptoms. On December 12, 2014, Utilization Review non-certified Tramadol 50 mg, quantity #60 with 3 refills, and Cyclobenzaprine creams 60 grams with 3 refills; and modified Prilosec 20 mg, quantity #30 with no refills, and Ibuprofen 600 mg, quantity #60 with no refills, based on Chronic Pain Medical Treatment guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of Tramadol 50 mg, quantity #60 with 3 refills, and Cyclobenzaprine creams 60 grams with 3 refills, and Prilosec 20 mg, quantity #30 with 3 refills, and Ibuprofen 600 mg, #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg, #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), and When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pg 77, Tramadol, pg 113 Page(s): 77, 113.

Decision rationale: Tramadol, MTUS, Chronic Pain Treatment Guidelines ,pg 113 Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complaints of chronic neck pain radiating to the shoulders, with no significant change in symptoms in response to current medications. With MTUS guidelines not being met, the request for Tramadol 50 mg, quantity #60 with 3 refills is not medically necessary.

1 Prescription of Cyclobenzaprine Creams 60gm, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of muscle relaxants as a topical agent is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Cyclobenzaprine Creams 60gm, with 3 refills is not medically necessary.

1 Prescription of Prilosec 20mg, #30 with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including, but not limited to, those over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation or high dose multiple NSAIDs (e.g., NSAID + low-dose ASA). Documentation provided indicates that patient complaints of inflammation and is diagnosed with gastritis. Current medication therapy includes Ibuprofen. Per guidelines, long term use of NSAID is not recommended. In light of GI symptoms, the request for Prilosec 20 mg, quantity #30 with 3 refills is medically necessary.

1 Prescription of Ibuprofen 600mg, with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker's radicular neck pain is chronic and ongoing, without documentation of recent acute exacerbation. Furthermore, the injured worker's diagnoses include Gastritis. Per guidelines, long term use of NSAID is not recommended. With MTUS guidelines not being met, the request for Ibuprofen 600 mg, quantity #60 with no refills is not medically necessary.