

Case Number:	CM15-0008427		
Date Assigned:	01/23/2015	Date of Injury:	05/29/2012
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/14/2015

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: Preventive Medicine, Occupational 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 35 year old male, who sustained an industrial injury on May 29, 2012. He has reported lower back pain radiating to the legs with numbness, tingling, and cramps. The diagnoses have included displacement of lumbar intervertebral disc, and joint derangement. Treatment to date has included medications, surgery, home exercises and imaging studies. Currently (as of 12 Jan 2015), the injured worker complains of continued lower back pain (6/10 without medications and 3/10 with medications) but no numbness, tingling, or cramping of the legs. Dyspepsia is controlled with use of his medications. Muscle cramping is controlled with use of his medications. Exam showed normal gait, normal motor and sensory exam of lower extremities, negative straight leg and bowstring, decreased lumbar range of motion by 10% and minimal tenderness in lumbar area. The treating physician is requesting retrospective prescriptions for Ultram, Protonix and Fexmid. On January 2, 2015 Utilization Review non-certified the request for the prescriptions for Ultram, Protonix and Fexmid noting the lack of documentation to support the medical necessity of the medications. The MTUS Chronic Pain Treatment Guidelines were cited in the decision. On January 20, 2015 Utilization Review non-certified the request for the prescriptions for Ultram and Protonix noting the lack of documentation to support the medical necessity of the medications, and partially certified the request for the prescription for Fexmid with an adjustment in quantity. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram Tramadol Hcl ER 150mg 1 Cap OD #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 60-1, 74-96, 113.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The present provider has documented meeting this criteria for appropriate monitoring of this patient and improvement in pain control with medication. Medical necessity for chronic use of opioids in this instance has been established.

Retrospective Protonix Pantoprazole 20mg 1 Cap Bid For Stomach Irritation #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workkrs Compensation, Online Edition Chapter Pain Chronic

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

Decision rationale: Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address use of medications to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient is on chronic opioid therapy it is reasonable to assume her dyspepsia is probably caused by her medications. It follows that use of pantoprazole in this patient is appropriate. Medical necessity for use of this medication has been established.

Retrospective Fexmid Cyclobenzaprine 7.5mg 1 Tab Tid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 67, Chronic Pain Treatment Guidelines Muscle relaxants for pain; Flexeril Page(s): 41-2, 63-6.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 2 months. As per the most recent provider's note the patient has muscle cramping which is controlled with use of his medications although he is getting a new prescription every month for 60 tablets which actually suggests regular twice daily dosing, not intermittent use. There are no indications that this medication has added to the patient's present level of function. Medical necessity for continued use of muscle relaxants (as a class) or Flexeril (specifically) has not been established.