

Case Number:	CM15-0109265		
Date Assigned:	06/15/2015	Date of Injury:	01/15/2012
Decision Date:	08/20/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, Illinois

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 44 year old male, who sustained an industrial injury on 1/15/2012. The current diagnoses are lumbar spine sprain, lumbar/lumbosacral disc degeneration, and bilateral radiculopathy. According to the progress report dated 5/11/2015, the injured worker complains of low back pain with severe and increasing bilateral leg pain with associated numbness. The pain is rated 9/10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness with spasm, decreased range of motion, and diminished sensation. Treatment to date has included have included Flexeril, Protonix, Voltaren, and Ultram. The plan of care includes prescriptions for Ultram, Voltaren, Protonix, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Tramadol 50 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/15/2012. The medical records provided indicate the diagnosis of lumbar spine sprain, lumbar/lumbosacral disc degeneration, and bilateral radiculopathy. Treatments have included Flexeril, Protonix, Voltaren, and Ultram. The medical records provided for review do not indicate a medical necessity for Ultram Tramadol 50 MG #60 with 2 Refills. Tramadol (Ultram) is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; and to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 02/2015, but with no overall improvement; the injured worker is not being properly monitored for activities of daily living, adverse effects and aberrant behavior. Therefore the request is not medically necessary.

Voltaren XR 100 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary (Appendix A).

Decision rationale: The injured worker sustained a work related injury on 1/15/2012. The medical records provided indicate the diagnosis of lumbar spine sprain, lumbar/lumbosacral disc degeneration, and bilateral radiculopathy. Treatments have included Flexeril, Protonix, Voltaren, and Ultram. The medical records provided for review do not indicate a medical necessity for Voltaren XR 100 MG #60. Voltaren (Diclofenac) is a non-steroidal anti-inflammatory drug. The official Disability Guidelines does not recommend it as first line due to increased risk profile; it is categorized by this guideline in the "N" list which means it can only be used following utilization review explaining why it must be used in place of safer medications. The records do not indicate the injured worker is unable to take other medications, neither does it indicate other safer medications have been tried and failed. The request is not medically necessary.

Protonix 20 MG #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary (Appendix A).

Decision rationale: The injured worker sustained a work related injury on 1/15/2012. The medical records provided indicate the diagnosis of lumbar spine sprain, lumbar/lumbosacral disc degeneration, and bilateral radiculopathy. Treatments have included Flexeril, Protonix, Voltaren, and Ultram. The medical records provided for review do not indicate a medical necessity for: Protonix 20 MG #60 with 1 Refill. Protonix ((pantoprazole sodium) is a proton pump inhibitor. The Official Disability Guidelines recommends the addition of proton pump inhibitors to the treatment of individuals with the risk of gastrointestinal events if they are being treated with NSAIDs. The medical records do not indicate the injured worker is at risk of gastrointestinal event; besides, the Diclofenac has been determined not to be medically necessary. Furthermore, pantoprazole sodium, the official Disability Guideline does not recommend this medication as a first line proton pump inhibitor. The request is not medically necessary.

Flexeril 7.5 MG #90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 1/15/2012. The medical records provided indicate the diagnosis of lumbar spine sprain, lumbar/lumbosacral disc degeneration, and bilateral radiculopathy. Treatments have included Flexeril, Protonix, Voltaren, and Ultram. The medical records provided for review do not indicate a medical necessity for Flexeril 7.5 MG #90 with 1 Refill. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Cyclobenzaprine (Flexeril), is a muscle relaxant with a recommended dosing of 5 to 10 mg three times a day to be used for no longer than 2-3 weeks. The records indicate the injured worker has been using this medication; therefore, the dosing exceeds length of time recommended by the MTUS. Therefore the request is not medically necessary.