

Case Number:	CM15-0010024		
Date Assigned:	01/27/2015	Date of Injury:	02/14/2014
Decision Date:	04/01/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 02/14/2014. On provider visit dated 11/06/2014 the injured worker has reported neck and lower back pain. On examination, he was noted to have tenderness at cervical, thoracic and lumbar spine, positive for pain on straight leg raise, spasm noted at lumboparaspinal musculature. The diagnoses have included cervical sprain/strain, rule out cervical radiculopathy, lumbar sprain/strain, and rule out lumbar radiculopathy, right sacroilitis and left shoulder subacromial bursitis and impingement with labral tear per MRI. Treatment to date has included physical therapy and multiple request for MRI's and TENS unit. Treatment plan included medication. On 12/17/2014 Utilization Review non-certified Retrospective: Tramadol ER 150mg #60 (DOS: 11/6/14), Retrospective: Naproxen 550mg #90 (DOS: 11/6/14), Retrospective: Pantoprazole 20mg #90 (DOS: 11/6/14), Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 11/6/14), as not medically necessary. The CA MTUS ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol ER 150mg #60 (DOS: 11/6/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation ACOEM Guidelines, Updated Back Chapter, 2007 and Third Edition, pages 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient was injured on 02/14/14 and presents with neck pain and low back pain. The request is for TRAMADOL ER 150 MG #60 DOS 11/06/14. The RFA is dated 12/11/14 and as of 11/06/14, the patient is temporarily totally disabled for 4 weeks. It appears that this is the initial request for this medication. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief." MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." The 10/06/14 report indicates that the patient is currently taking Norco and Cyclobenzaprine. Based on review of the reports, it would appear that the treater has not been able to provide the opiates and the request is for a trial of Tramadol ER. Reports show that although Norco is listed as an opiate, there is lack of documentation of the four A's required for ongoing use of opiates. However, a trial of Tramadol ER may be appropriate given the patient's history of opiate use and to provide some analgesia. For on-going use of this medication, the treater will need to provide documentation of pain and functional improvement including the four A's going forward. The current request IS medically necessary.

Retrospective: Naproxen 550mg #90 (DOS: 11/6/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 02/14/14 and presents with neck pain and low back pain. The request is for NAPROXEN 550 MG #90 DOS 11/06/14. The utilization review denial letter rationale is that "there is no evidence of functional improvement or benefit from this NSAID." The RFA is dated 12/11/14 and as of 11/06/14, the patient is temporarily totally

disabled for 4 weeks. The patient has been taking Naproxen since 03/11/14. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." The patient has been taking Naproxen since 03/11/14. The 11/06/14 report states that "Naproxen Sodium at tid dosing results in average two-three point decrease in somatic pain, scale of 10, and results in improved range of motion as documented." For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater has documented that Naproxen helps decrease the patient's pain by 2-3 points on a scale of 10. The requested Naproxen IS medically necessary.

Retrospective: Pantoprazole 20mg #90 (DOS: 11/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 67-68.

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

Decision rationale: MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65; 2. History of peptic ulcer disease and GI bleeding or perforation; 3. Concurrent use of ASA or corticosteroid and/or anticoagulant; 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. It appears that this is the initial request for this medication. As of 11/06/14, the patient is taking Tramadol, Pantoprazole, Cyclobenzaprine, and Naproxen. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Pantoprazole IS NOT medically necessary.

Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 11/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Chapter (2008), Skeletal muscle relaxants, page 128 and Official Disability Guidelines, Pain Chapter, Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 02/14/14 and presents with neck pain and low back pain. The request is for CYCLOBENZAPRINE 7.5 MG #90 DOS 11/06/14. The RFA is dated 12/11/14 and as of 11/06/14, the patient is temporarily totally disabled for 4 weeks. It

appears that this is the initial request for this medication. The patient has been taking this medication as early as 10/06/14. MTUS Guidelines page 63 - 66 states "Muscle relaxants (for pain): recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short course of therapy." The patient has tenderness along his cervical spine, lumbar spine, and thoracic spine. There is diminished sensation in a T9 and T10 dermatomal distribution, a positive straight leg raise on the right for pain to foot at 35 degrees, and spasm along the lumboparaspinal musculature. The 11/06/14 report states that the patient "recalls refractory nature of spasm to stretching, heat, cold, activity modification, physical therapy, home exercise prior to cyclobenzaprine facilitates significant decrease in spasm for average of five hours with improved range of motion and resultant decrease in pain." MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 10/06/14, which exceeds the 2 to 3 week limit recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.