

Case Number:	CM15-0014191		
Date Assigned:	02/02/2015	Date of Injury:	06/23/2014
Decision Date:	04/15/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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 patient, who sustained an industrial injury on 06/23/2014. A primary treating office visit dated 12/02/2014 reported current subjective complaint of persistent neck pain that radiates into his upper back. The patient is prescribed Ibuprophen 800 MG and Carisoprodol. Physical examination found tenderness in the paracervical region; however, tenderness is maximal in the midline of the neck at the mid cervical level. Some muscle guarding is noted bilaterally. The Spurling sign is associated with pain that radiates into bilateral arms. The impression noted cervical sprain with radiculitis. The plan of care involved both the dispensing and requesting of the following medications, Voltaren 100 MG, Protonix, Ultram ER 150 MG and Flexeril 7.5 MG. On 01/09/2015 Utilization Review non-certified the request, noting the CA MTUS/ACOEM Chronic Pain, Opioids, Neck and Upper Back Complaints were cited. The injured worker submitted an application on 01/26/2015 for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Protonix 20mg, take 1 tab BID #60, refill 0: 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 NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 06/23/14 and presents with persistent neck pain, that radiates into his upper back. The retrospective request is for PROTONIX 20 MG TAKE 1 TAB BID #60, REFILL 0. The RFA is dated 12/02/14 and the patient is on a modified work duty. "If modified duties cannot be accommodated by this employer, then this patient would be considered temporarily disabled from regular work and a separate off work order is not required." Restricted from activities requiring frequent bending of the neck as well as lifting or carrying exceeding 20 pounds." The patient has been taking Protonix since 10/28/14. 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 10/28/14 report states that the patient needs Protonix for his "history of non-tolerance to NSAID medication with h/o gastritis and to prevent gastric ulceration given the need for NSAID medication." The patient has been taking Protonix since 10/28/14. As of 12/12/14, the patient is taking Voltaren, Ultram ER, and Flexeril. 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 Protonix IS NOT medically necessary.

RETRO Ultram ER 150mg, take 1 tab QD may increase to BID PRN #60, refill 0: Upheld

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

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

Decision rationale: The patient was injured on 06/23/14 and presents with persistent neck pain, that radiates into his upper back. The retrospective request is for ULTRAM ER 150 MG TAKE 1 TAB QO MAY INCREASE TO BID PRN #60, REFILL 0. The RFA is dated 12/02/14 and the patient is on a modified work duty. "If modified duties cannot be accommodated by this employer, then this patient would be considered temporarily disabled from regular work and a separate off work order is not required" restricted from activities requiring frequent bending of the neck as well as lifting or carrying exceeding 20 pounds." The patient has been taking Ultram since 09/08/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (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. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before and after

pain scales with the medications. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient had a urine drug screen on 10/06/14, which indicated that the patient was compliant with his medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram ER IS NOT medically necessary.

RETRO Flexeril 7.5mg, take 1 tab TID #30 refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The patient was injured on 06/23/14 and presents with persistent neck pain, that radiates into his upper back. The retrospective request is for FLEXERIL 7.5 MG TAKE 1 TABS TID #30, REFILL 0. The RFA is dated 12/02/14 and the patient is on a modified work duty. "If modified duties cannot be accommodated by this employer, then this patient would be considered temporarily disabled from regular work and a separate off work order is not required" restricted from activities requiring frequent bending of the neck as well as lifting or carrying exceeding 20 pounds." The patient has been taking Flexeril since 09/04/14. MTUS, pages 63-66, states: "Muscle relaxants (for pain): Recommended 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. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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." MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril as early as 09/04/2014, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

RETRO Voltaren 100mg, take 1 tab daily #30 refill 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, Diclofenac.

Decision rationale: The patient was injured on 06/23/14 and presents with persistent neck pain, that radiates into his upper back. The retrospective request is for VOLTAREN 100 MG TAKE 1

TABS DAILY #30, REFILL 0. The RFA is dated 12/02/14 and the patient is on a modified work duty. "If modified duties cannot be accommodated by this employer, then this patient would be considered temporarily disabled from regular work and a separate off work order is not required" restricted from activities requiring frequent bending of the neck as well as lifting or carrying exceeding 20 pounds." The patient has been taking Voltaren since 10/28/14. MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatory are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the medication use. Specific to Voltaren, ODG Guidelines, on the Pain Chapter Diclofenac section, updates, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." In this case, ODG guidelines caution that Voltaren should not be used first line due to its risk profile. The treater should consider another NSAID. Furthermore, there is lack of any documentation regarding what Voltaren has done for the patient's pain and function, as required by MTUS Guidelines page 60. The request for Voltaren IS NOT medically necessary.