

Case Number:	CM15-0131424		
Date Assigned:	07/17/2015	Date of Injury:	02/28/2014
Decision Date:	10/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48-year-old female who sustained an injury on 2-28-14. The initial symptoms and complaints from the injury are not included in the medical records. 5-21-15 follow up visit she complains of lower back pain that is rated as 6 out of 10. It is aching and throbbing; radiates to the upper back, middle back, right thigh, right leg and right foot. She states medication and rest alleviate the pain. Current medications include Cyclobenzaprine 7.5 mg at bedtime; Tramadol HCL ER 150 mg 1-2 tablets a day as needed for pain; Omeprazole Dr 20 mg; 1 tablet twice a day; Gabapentin 600 mg #90 ½ tablet every night; Butalb- Acetaminophen 50- 325 40 tablet 1 daily. The physical examination lumbar range of motion is restricted limited to 30 degrees; tenderness on palpation paravertebral muscles; straight leg raising test negative on the right and negative on the left side at 90 degrees; motor testing is limited by pain; sensory examination reveals light touch sensation is decreased over L4-5 dermatome on the right side. The report from an MRI that was performed on 4-22-14 was requested. Treatments to continue were ice, heat, exercise and medications. Modified work duty restrictions of no lifting over 10 pounds; avoid repetitive squatting, kneeling, bending and twisting. MRI lumbar spine 4-22-15 compared to 4-22-14 results show severe asymmetric L5-S1 facet hypertrophy; right subarticular gutter stenosis is improved but there is still a tight passage for descending right L5 root. Current requested treatments Pantoprazole Sodium DR 20 mg, Quantity 60; Cyclobenzaprine 7.6 mg, Quantity 60 Tramadol HCL ER 150 mg, Quantity 30 (retrospective date of service 5-21-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium DR (delayed release) 20 mg Qty 60 (retrospective DOS 5/21/15):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. In this case, the patient has been complaining of heartburn and has been taking Omeprazole. There is no evidence that the patient failed Omeprazole. Therefore, the retrospective prescription of Pantoprazole Sodium DR 20 mg Qty 60 is not medically necessary

Cyclobenzaprine 7.5 mg Qty 60 (retrospective DOS 5/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Tramadol HCL (hydrochloride) ER (extended release) 150 mg Qty 30 (retrospective DOS 5/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no objective documentation of pain severity level to justify the use of Tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of Tramadol. The UDS collected on March 12, 2015 was negative for Tramadol. Therefore, the retrospective prescription of TRAMADOL HCL ER 150 mg #30 is not medically necessary.