

Case Number:	CM15-0133804		
Date Assigned:	07/22/2015	Date of Injury:	10/13/2014
Decision Date:	09/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male, who sustained an industrial injury on 10/13/2014. The mechanism of injury was bending. The injured worker was diagnosed as having lumbar disc displacement with radiculopathy, lumbar myositis, myalgia, lumbar sprain/strain and hip sprain/strain. Lumbar magnetic resonance imaging showed degenerative changes at lumbar 4-5 and lumbar 5-sacral 1 and small nodules in the cauda equina. Treatment to date has included therapy and medications management. In a progress note dated 5/6/2015, the injured worker complains of low back pain rated 4/10 with radiation to the bilateral lower extremities and right hip pain rated 6/10. Physical examination showed para-lumbar and sciatic tenderness and decreased lumbar and hip range of motion. The treating physician is requesting Tramadol 37.5/325 mg #60, Naproxen 550 mg #60, Cyclobenzaprine 7.5 mg #60 and Omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82 and 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111, 113 and 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction and adverse interaction with other sedatives. The records show documentation of efficacy, functional restoration and compliance without aberrant behavior or adverse effect. The criteria for the use of Tramadol 37.5/325 #60 was met. The request is medically necessary.

Naproxen 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient reported efficacy and functional restoration with utilization of Naproxen. There is no reported adverse medication effect. The criteria for the use of Naproxen 550mg #60 was met. The request is medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, sedation, dependency, addiction and adverse interactions with opioids and sedative medications. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum duration of 4 weeks. The criteria for the use of cyclobenzaprine 7.5mg #60 was not met. The request is not medically necessary.

Omeprazole 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular complications Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient reported efficacy and functional restoration with utilization of Naproxen. The patient is utilizing Omeprazole for the prevention and treatment of NSAID related adverse gastrointestinal effects. The criteria for the use of Omeprazole 20mg #60 was met. The request is medically necessary.