

Case Number:	CM15-0141639		
Date Assigned:	07/31/2015	Date of Injury:	06/29/2013
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 42 year old male, who sustained an industrial injury on 6-29-2013. He reported being struck by a piece of metal. The injured worker was diagnosed as having posttraumatic stress disorder, multiple trauma, right facial fracture, psychological injury, closed head injury, and status post anterior cervical discectomy and fusion, C6-7. Treatment to date has included diagnostics, physical therapy, cervical spinal surgery on 10-28-2014, mental health treatment, and medications. A progress report for 6-18-2015 was not noted. On 5-21-2015, the injured worker reported that pain was about the same. Neck pain was improving, along with right upper extremity symptoms, but he was having occasional right upper extremity numbness. Percocet was helping the pain and documented as weaning. His spasms were helped with muscle relaxants. He had gastrointestinal upset with the use of nonsteroidal anti-inflammatory drugs and needed a proton pump inhibitor. He was authorized for pain management. He was not working. Urine toxicology from previous visit was reviewed, with results not noted. The treatment plan included continued follow-ups with psychiatrist for antipsychotics, proceed with pain management as soon as possible for narcotic weaning, and medications refills. Medications included Naproxen, Protonix, Cyclobenzaprine, Percocet, and Seroquel. It was documented that medications decreased pain by approximately 2-3 points and allowed improved activities of daily living function. The progress note (2-26-2015) referenced the use of Naproxen, Protonix, Cyclobenzaprine, Percocet, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid (Cyclobenzaprine) 7.5mg #60 DOS 06/18/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is using Fexmid in a chronic manner for chronic pain. Despite chronic use, there is no evidence of decreased pain or objective increase in function. A prior review has approved this medication for weaning purposes only. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Retro Fexmid (Cyclobenzaprine) 7.5mg #60 DOS 06/18/2015 is determined to not be medically necessary.

Retro Ultram (Tramadol HCL ER) 150mg #60 DOS 06/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had taken Percocet for an extended period without objective documentation of significant pain relief or increase in function. Percocet was recommended for weaning on many prior occasions. Tramadol appears to be a replacement for Percocet. As one opioid was recommended for weaning, there is no documented rationale for starting another opioid medication. The request for retro ultram (Tramadol HCL ER) 150mg #60 DOS 06/18/2015 is determined to not be medically necessary.

Retro Protonix (Pantoprazole) 20mg #60 DOS 06/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors (PPI), such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Protonix is considered a second line PPI, to be used when there has been a failure with first line agents such as prilosec. There is documentation that the injured worker has a history of GI upset with the use of NSAIDs. And the use of a PPI is appropriate in this case. However, there is no documentation of failure with first line agents, therefore, the request for retro Protonix (Pantoprazole) 20mg #60 DOS 06/18/2015 is determined to not be medically necessary.