

Case Number:	CM15-0147422		
Date Assigned:	08/10/2015	Date of Injury:	12/02/2014
Decision Date:	09/17/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 26 year old female with an industrial injury dated 12-02-2014. The injured worker's diagnoses include sleep disturbances not otherwise specified, lumbar disc displacement, cervicgia, thoracic or lumbosacral neuritis or radiculitis not otherwise specified and tenosynovitis of hand and wrist, not elsewhere classified. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-10-2015, the injured worker reported neck pain, lower back pain, left wrist pain and head pain. The injured worker rated pain a 9 out of 10. The injured worker reported moderate to severe pain radiating to the upper back and lower back with associated numbness, weakness and pins and needle like sensation. The injured worker also reported that medications are less effective and that Tramadol side effects caused nausea and headaches. Cervical spine exam revealed tenderness, muscle spasms and restricted range of motion with pain. Thoracic spine exam revealed paravertebral muscle tenderness on the right. Lumbar spine exam revealed restricted range of motion limited by pain, hypertonicity and tenderness. The treatment plan consisted of functional restoration program, chiropractic and massage therapy, medication management, ice and heat therapy, and exercise as tolerated. The treating physician prescribed services for Cyclobenzaprine 7.5mg #60, Diclofenac Sodium ER 100mg #60, Pantoprazole Sodium DR 20mg #60 and Ultracet tablet 37.5-32.5mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril. This is not medically necessary and the original UR decision is upheld.

Diclofenac Sodium ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Diclofenac ER 100 mg # 60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Diclofenac. Diclofenac ER 100 mg #60 is not medically necessary.

Pantoprazole Sodium DR 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and omeprazole therefore is not medically necessary.

Ultracet tablet 37.5-32.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Ultracet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Ultracet.