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| Case Number: | CM15-0147817 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 05/23/2014 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 07/24/2015 |
| 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: New York
 Certification(s)/Specialty: Anesthesiology

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 52-year-old female, with a reported date of injury of 05-23-2014. The mechanism of injury was the lifting of two juveniles off the ground in order to break up a fight. The injured worker's symptoms at the time of the injury included sharp pain in the low back, with shooting pain to her hip. She felt dizzy and disoriented, but denied loss of consciousness. The diagnoses include discogenic lumbar condition with facet inflammation with radiculopathy, low back pain, lumbar subluxation, lumbosacral sprain and strain, muscle spasm, thoracic spine pain, thoracic subluxation, and thoracic sprain and strain. Treatments and evaluation to date have included a TENS (transcutaneous electrical nerve stimulation) unit, oral medications, physical therapy, chiropractic therapy, and topical pain medications. The diagnostic studies to date have included electrodiagnostic studies on 02-20-2015, which showed no evidence of peripheral neuropathy and evidence of lumbar radiculopathy. According to the medical report dated 03-18-2015, the injured worker had an MRI of the lumbar spine, which showed large disc extrusion at L5-S1 and at L2-3, and moderate disc disease at L3-4 and L4-5 and narrowing at multilevel. The medical report dated 07-14-2015 indicates that the injured worker had ongoing low back pain with shooting pain down the leg with numbness and tingling. It was noted that her pain was unchanged. The injured working was taking medications to be functional, and she needed a refill of medications. The objective findings include tenderness across the lumbar paraspinal muscles, pain along the facets, and pain with facet loading on the right side. The treatment plan included the refill of Flexeril for muscle spasms, Tramadol ER for pain, Protonix to buffer the stomach,

and the replacement of TENS pads for the four lead, which she was using daily. The injured worker was working modified duty, which was unchanged from the previous visit. The treating physician wanted to re-evaluate her work status some time in six months or after the trans-foraminal epidural injections. The treating physician requested Flexeril, Tramadol, Protonix, and the replacement of TENS pad for four leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg Qty: 60.00: 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 Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63-64.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend 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. Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been taking Flexeril since at least 01-09-2015. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The request does not meet guideline recommendations. Therefore, the request for Flexeril is not medically necessary.

Tramadol ER 150mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 48, 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. Tramadol may also produce life-threatening serotonin syndrome. There was no documentation that the injured worker took an SSRI, TCA, or another opioid. There is insufficient evidence that the treating physician is prescribing opioids according to the

MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The injured worker worked modified duty; however, none of the other aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician had utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Therefore, the request for Tramadol is not medically necessary.

Protonix 20mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed Naproxen, a non-steroidal anti-inflammatory drug (NSAID), and Protonix, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Protonix since at least 01-09-2015. There is no documentation that the injured worker had any GI signs or symptoms. The treating physician noted that the medication was prescribed to buffer the stomach. The request does not meet guideline recommendations. Therefore, the request for Protonix is not medically necessary.

Replacement of TENS pad for four lead Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS (transcutaneous electrical nerve stimulation) unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is no documentation of any objective functional benefit, a decrease of pain or decrease in medication from usage of the TENS unit. Medical necessity for the TENS unit has not been established. Therefore, the replacement of TENS pad for four leads is not medically necessary.

