

Case Number:	CM15-0164079		
Date Assigned:	09/01/2015	Date of Injury:	12/13/2013
Decision Date:	10/19/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 37-year-old male who sustained an industrial injury on 12-13-13. The injured worker was diagnosed as having lumbar sprain-strain and lumbosacral or thoracic neuritis or radiculitis unspecified. Currently, the injured worker reported low back pain without radiation to lower extremities. Previous treatments included home exercise program, transcutaneous electrical nerve stimulation unit, medication management, physical therapy, acupuncture treatment and chiropractic treatments. Previous diagnostic studies were not included. Work status was noted as returning to modified work on 8-20-15. The injured workers pain level was noted as 7 out of 10. Physical examination was notable for mild lumbosacral tenderness. The plan of care was for a retrospective request for Cyclobenzaprine 7.5 milligrams quantity of 60 (date of service 7-20-15), a retrospective request for Omeprazole 20 milligrams quantity of 60 (date of service 7-20-15), a retrospective request for a Toradol injection (date of service 7-20-15), a retrospective request for transcutaneous electrical nerve stimulation patches x 4 pairs (date of service 7-20-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Cyclobenzaprine 7.5mg #60 (DOS 7/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there were no muscle spasms documented on physical exam. There was no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication was not established. The requested medication was not medically necessary.

Retrospective request: Omeprazole 20mg #60 (DOS 7/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guide/ Proton Pump Inhibitor, Pain (Chronic) Chapter.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There was no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec was not established. The requested medication was not medically necessary.

Retrospective request: Toradol injection (DOS 7/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac (Toradol, generic available).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to ODG, Ketorolac (Toradol) in the oral formulation should not be given as an initial dose, but only as continuation following intravenous (IV) or intramuscular (IM) dosing. Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. There was no clear indication as to why the patient required an IM dose of this medication. Guidelines do not support the use of Toradol for chronic painful conditions. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Retrospective request: TENS patches x 4 pairs (DOS 7/20/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, the TENS 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 was documentation of objective functional benefit and a decrease in pain from usage of the TENS unit. Provider examination dated 7-15-15 noted the transcutaneous electrical nerve stimulation unit was helpful while on and documented the injured worker used it three times daily. Medical necessity for the requested item was established. The request for transcutaneous electrical nerve stimulation patches x 4 pairs was medically necessary.