

Case Number:	CM15-0165914		
Date Assigned:	09/03/2015	Date of Injury:	07/27/2012
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation, 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 07-27-2012 when he tripped and fell carrying a two by twelve on his right shoulder. The injured worker was diagnosed with lumbar spondylosis; L5-S1 spondylolisthesis and neural encroachment at L3-4 and L5-S1. Treatment to date has included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) in July 2014, lumbar epidural steroid injection, physical therapy, acupuncture therapy, trigger point injections, ultrasound, bracing, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program and medications. Authorization for lumbar interbody fusion at L5-S1 was deemed medically necessary on July 7, 2015 and performed on August 10, 2015. According to the primary treating physician's progress report on July 16, 2015, the injured worker continues to experience low back pain with lower extremity symptoms, right greater than left lower extremity, rated at 8 out of 10 on the pain scale. Examination demonstrated multiple tender trigger points of the lumbar paraspinal musculature. Range of motion was documented as flexion at 50 degrees, extension at 40 degrees, bilateral lateral tilt at 40 degrees each and bilateral rotation at 35 degrees each. There was diminished sensation, right greater than left lower extremity at L4, L5 and S1 dermatomal distribution. Right extensor hallucis longus and right eversion muscle were noted as 4 plus out of 5 and left eversion was 5 minus out of 5. Current medications were listed as Tramadol 100mg, Naproxen, Cyclobenzaprine and Omeprazole. Treatment plan consists of urine drug screening, continuing home exercise program, medication regimen, lumbar fusion and the current request for extracorporeal shockwave therapy 5 sessions to the lumbar area, Tramadol ER, Cyclobenzaprine,

Naproxen and Omeprazole. A progress report dated August 2015 states that the patient is using Ultram but it is not strong enough. A report dated August 10, 2015 indicates that the patient underwent lumbar laminectomy and fusion. He required additional hospital days due to uncontrolled pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy, 5 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy.

Decision rationale: Regarding the request for ESWT for lumbar spine, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine, as the available evidence does not support its effectiveness in treating low back pain. As such, the currently requested ESWT for lumbar spine is not medically necessary.

Tramadol ER 100mg, twice a day: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Finally, the current request does not include the number of pills requested, number of refills desired, or duration of use intended. Open-ended

request are not supported by guidelines, and there is no provision to modify the current request. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Cyclobenzaprine 10mg daily: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. Finally, the current request does not include the number of pills requested, number of refills desired, or duration of use intended. Open-ended request are not supported by guidelines, and there is no provision to modify the current request. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Naproxen 550mg twice a day: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Finally, the current request does not include the number of pills requested, number of refills desired, or duration of use intended. Open-ended request are not supported by guidelines, and there is no provision to modify the current request. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Omeprazole 20mg twice a day: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Finally, the current request does not include the number of pills requested, number of refills desired, or duration of use intended. Open-ended request are not supported by guidelines, and there is no provision to modify the current request. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.