

Case Number:	CM15-0169183		
Date Assigned:	09/09/2015	Date of Injury:	11/02/1995
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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: Internal 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:

This 67 year old male sustained an industrial injury to the low back on 3-30-94. Recent treatment consisted of medial branch blocks and medications. In a PR-2 dated 9-18-14, the injured worker complained of low back pain, rated 6 out of 10 on the visual analog scale, with radiation to bilateral lower extremities. The treatment plan included continuing medications (Tramadol, Omeprazole, Naproxen Sodium, Cyclobenzaprine and Oxycontin). In a PR-2 dated 7-31-15, the injured worker complained of low back pain, rated 5 out of 10 on the visual analog scale, with radiation to bilateral lower extremities. The injured worker reported over 70% initial pain relief from medial branch block done on 7-2-15, with pain relief of at least 50% for a duration of at least 4 weeks that was ongoing at the time of exam. Physical exam was remarkable for lumbar spine with decreased lateral range of motion, positive right sacroiliac distraction test, negative bilateral straight leg raise and decreased lower extremity strength with intact deep tendon reflexes and sensation. Current diagnoses included lumbar intervertebral disc displacement without myelopathy and lumbar spine spondylosis. The treatment plan included continuing medications (Oxycontin, Tramadol, Cyclobenzaprine, Naproxen Sodium, Neurontin and Omeprazole) and requesting authorization for left radiofrequency ablation at L4-5 and L5-S1. On Utilization Review noncertified a request for Oxycontin, Tramadol, Naproxen Sodium, Omeprazole and Cyclobenzaprine noting lack of recommendation for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg 1 twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

Decision rationale: According to the CA MTUS and ODG, oxycontin is an opioid analgesic indicated for moderate to moderately severe pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Tramadol 50mg 1 twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication. Also review of medical records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen 500mg 1 twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS Guidelines Naproxen is a non-steroidal NSAIDs. This type of medication is recommended for the treatment of chronic pain as a second line of therapy after acetaminophen. The documentation indicates the patient has been maintained on long-term NSAID therapy and there has been no compelling evidence presented by the provider to document that the patient has had any functional improvements from this medication. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Omeprazole 20mg 1 daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As per the ODG guidelines, Omeprazole is a proton pump inhibitor. The CA MTUS guidelines indicate that proton pump inhibitors are recommended in those patients who are risk for gastrointestinal events and no cardiovascular disease. The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. There is no evidence documented that this injured worker is at risk of gastrointestinal events or has any concerning GI complaints. Also there is no evidence of a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, anti-coagulants, or high dose or multiple oral NSAID use. Based on the available information provided for review, the medical necessity for Omeprazole has not been established.

Cyclobenzaprine 5mg 1 twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, 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, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.