

Case Number:	CM15-0201437		
Date Assigned:	10/16/2015	Date of Injury:	07/27/2012
Decision Date:	12/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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-work injury on 7-27-12. He reported initial complaints of lumbar pain. There are associated diagnoses of insomnia and depression. The injured worker was diagnosed as having spondylolisthesis L5 on S1, lumbar spondylosis, neural encroachment L3-4 and L5-S, and lumbosacral trigger points. Treatment to date has included medication, diagnostics, LSO (lumbosacral orthotic), and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of back pain with soreness around the incision and leg dysesthesia. He had been using Ultram but it is not strong enough. Per the primary physician's progress report (PR-2) on 8-20-15, exam notes the wound in healing and sutures were removed, ability to stand easily with an erect posture but prefers to use a walker. The motor, sensorium and reflex exams are symmetric. Blood pressure elevated at 157 over 90. Current plan of care includes medication for pain and spasms. The previous medications listed are Quazepam and Nabumetone. The Request for Authorization requested service to include Tramadol ER 100mg #60, Cyclobenzaprine 7.5 #60, Naproxen 550mg #60, and Omeprazole 20mg #60. The Utilization Review on 9-27-15 denied the request for Tramadol ER 100mg #60, Cyclobenzaprine 7.5 #60, Naproxen 550mg #60, and Omeprazole 20mg #60., per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The guidelines recommend that patients with significant psychosomatic conditions such as insomnia, anxiety and depression be treated with anticonvulsant and antidepressant medications with analgesic properties. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior or CURES data reports. There is no documentation of failure of treatment with non opioid co-analgesic medications or first line opioid medications. The criteria for the use of Tramadol ER 100mg #60 was not medically necessary.

Cyclobenzaprine 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The guidelines recommend that patients with significant psychosomatic conditions such as insomnia, anxiety and depression be treated with anticonvulsant and antidepressant medications with analgesic properties. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior or CURES data reports. The duration of utilization of had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of cyclobenzaprine 7.5mg #60 was not medically necessary.

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records show compliance and functional restoration with utilization of NSAIDs. There is no documentation of adverse medication effect. The criteria for the use of Naproxen 550mg #60 was medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related adverse gastrointestinal complication. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records show compliance and functional restoration with utilization of NSAIDs. There is no documentation of significant adverse gastrointestinal medication effect. The criteria for the use of omeprazole 20mg #60 was medically necessary.