

Case Number:	CM15-0204784		
Date Assigned:	10/21/2015	Date of Injury:	09/04/2014
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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:

The injured worker is a 64 year old male, who sustained an industrial injury on 9-4-2014. The injured worker is undergoing treatment for: multi-level lumbar disc protrusion with facet osteoarthopathy. On 7-16-15, he rated his low back pain 7 out of 10. He indicated having a "five point diminution in pain depending on activity with the use of Tramadol". He indicated he had a history of gastrointestinal (GI) upset with NSAIDs (non-steroidal anti-inflammatory drugs); however is noted to have denied GI upset with his current proton pump inhibitor (PPI). He also reported reduced spasms with the use of Cyclobenzaprine which is noted to reduce spasm for 4-6 hours and pain by 2-3 points on an average 10 point scale. Cyclobenzaprine is also noted to give marked improvement in exercise tolerance and range of motion. On 9-16-15, he reported low back pain with radiation into the buttocks. He indicated he had difficulty bending, stooping and lifting and that he felt incapable of returning to his job. Physical examination revealed decreased lumbar spine range of motion, positive straight leg raise testing bilaterally, and intact motor strength and sensation. There is no continued discussion of pain reduction. There is no discussion of adverse side effects or aberrant behaviors. The treatment and diagnostic testing to date has included: medications, urine drug screen (7-16-15), activity modification, stretching, heat, home exercise program, and multiple sessions of physical therapy, lumbar support, TENS. Medications have included: Anaprox, Protonix, Fexmid, and Tramadol. The records indicate he has been utilizing Tramadol, muscle relaxants, PPIs, and NSAIDs since at least April 2015, possibly longer. Current work status: restricted. The request for authorization is for: Anaprox 550mg quantity 90, Protonix 20mg quantity 90, Fexmid 7.5mg quantity 90, and Tramadol 150mg

quantity 30. The UR dated 10-15-2015: non-certified the request for Anaprox 550mg quantity 90, Protonix 20mg quantity 90, Fexmid 7.5mg quantity 90, and Tramadol 150mg quantity 30. Most recent progress note dated 9/16/15 is very poor with no noted pain assessment or any appropriate long term plan. Urine Drug screen dated 7/21/15 is noted to be negative for tramadol or cyclobenzaprine. It is unclear what patient is doing with these medications but it appears patient is either not taking them or the UDS is invalid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient has been on naproxen chronically with no documentation of any objective benefit. Chronic use of NSAID is not medically necessary especially high dose naproxen.

Protonix 20 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a 2nd line is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is chronically on Naproxen which in this Independent Medical Review and Utilization Review has been deemed as not medically necessary. There is dyspepsia complaints. Chronic use of naproxen, is not have been recommend and should be discontinued. Since patient should no longer be on an NSAID, there is no indication for a PPI, especially a 2nd line PPI. Protonix is not medically necessary.

Fexmid 7.5 mg Qty 90: Upheld

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

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

Decision rationale: Fexmid/Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbation. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of any objective improvement. The number of tablets is not consistent with short term use. Fexmid is not medically necessary.

Tramadol 150 mg Qty 30: Upheld

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

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

Decision rationale: Tramadol is a direct Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has completely failed to document a single required component as per MTUS guidelines. Not a single criteria is met. There is no assessment of objective improvement in pain. There is only a templated generic statement concerning vague improvements in functional status despite patient no longer working. Urine drug screen is abnormal and provider has failed to document any rationale for inconsistent UDS. The request is not medically necessary.