

Case Number:	CM15-0211161		
Date Assigned:	10/30/2015	Date of Injury:	12/08/2011
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 12-08-2011. The injured worker is able to work with modifications but not currently working. Medical records indicated that the injured worker is undergoing treatment for cervical disc herniation with stenosis, bilateral cervicotrpezial myofascial strain, chronic lumbar musculoligamentous sprain-strain, bilateral shoulder strain, bilateral wrist tenosynovitis, and left upper extremity paresthesia. Treatment and diagnostics to date has included cervical spine MRI and medications. Recent medications have included Flexeril, Tramadol, and Prilosec (all since at least 08-06-2015). Subjective data (08-26-2015 and 09-16-2015), included cervical spine, lumbar spine, and bilateral shoulder pain rated 7-8 out of 10. Objective findings (09-16-2015) included decreased cervical spine, lumbar spine, and bilateral shoulder range of motion with tenderness over the paraspinals and acromioclavicular joints and positive Neer's impingement test bilaterally. The request for authorization dated 09-16-2015 requested Ultram Tramadol 50mg #90-1 tablet by mouth every 12 hours for pain, Prilosec (Omeprazole 20mg) #60-1 tablet by mouth every day, Flexeril (Cyclobenzaprine HCL 10mg) #30-1 tablet by mouth at night, MRI of the cervical spine, and bilateral facet injections in the L3-L4, L4-L5, and L5-S1. The Utilization Review with a decision date of 10-07-2015 non-certified the request for Ultram (Tramadol 50mg) #90-1 tablet by mouth every 12 hours for pain, Prilosec (Omeprazole 20mg) #30-1 tablet by mouth every day, and Flexeril (Cyclobenzaprine HCL 10mg) #60-1 tablet by mouth at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #90, 1 tab by mouth every 12 hours for pain: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12-08-2011. The medical records provided indicate the diagnosis of cervical disc herniation with stenosis, bilateral cervicotrachezial myofascial strain, chronic lumbar musculoligamentous sprain-strain, bilateral shoulder strain, bilateral wrist tenosynovitis, and left upper extremity paresthesia. Treatments have included Flexeril, Tramadol, and Prilosec (all since at least 08/2014). The medical records provided for review do not indicate a medical necessity for Ultram (Tramadol 50mg) #90, 1 tab by mouth every 12 hours for pain. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends reassessment of pain and function every 6 months using numerical scale, and comparing with baseline values every six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this synthetic central acting opioid medication at least since 08/2014, but with no overall improvement. The medical records also indicate the injured worker is not being properly monitored. Therefore, the requested treatment is not medically necessary.

Prilosec (Omeprazole 20mg) #30, 1 tab by mouth every day: 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, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 12-08-2011. The medical records provided indicate the diagnosis of cervical disc herniation with stenosis, bilateral cervicotrachezial myofascial strain, chronic lumbar musculoligamentous sprain-strain, bilateral shoulder strain, bilateral wrist tenosynovitis, and left upper extremity paresthesia. Treatments have included Flexeril, Tramadol, and Prilosec (all since at least 08/2014). The medical records provided for review do not indicate a medical necessity for Prilosec (Omeprazole 20mg) #30, 1 tab by mouth every day. Omeprazole is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1)

age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Currently, the injured worker is not on treatment with NSAIDs; besides, the MTUS does not recommend the use of proton pump inhibitors for longer than a year due to the risk of hip fracture, but the records indicate the injured worker has been using this at least since 08/2014. Therefore, the requested treatment is not medically necessary.

Flexeril (Cyclobenzaprine HCL) 10mg Tab #60, 1 tab by mouth at night: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12-08-2011. The medical records provided indicate the diagnosis of cervical disc herniation with stenosis, bilateral cervicotrachezial myofascial strain, chronic lumbar musculoligamentous sprain-strain, bilateral shoulder strain, bilateral wrist tenosynovitis, and left upper extremity paresthesia. Treatments have included Flexeril, Tramadol, and Prilosec (all since at least 08/2014). The medical records provided for review do not indicate a medical necessity for Flexeril (Cyclobenzaprine HCL) 10mg Tab #60, 1 tab by mouth at night. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The recommended dosing of Cyclobenzaprine is 5 mg to 10 mg three times a day, for no longer than 2-3 weeks; but the records indicate the injured worker has been using this for a long time. It is not medically necessary.