

Case Number:	CM15-0034939		
Date Assigned:	03/03/2015	Date of Injury:	04/17/2009
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on April 17, 2009. She has reported lower back pain and bilateral leg pain. The diagnoses have included lumbar spine sprain, lumbar/lumbosacral disc degeneration, and lumbar spine disc displacement. Treatment to date has included medications, use of a cane, and imaging studies. A progress note dated December 8, 2014 indicates a chief complaint of lower back pain, and bilateral leg pain with numbness, tingling, and weakness. Physical examination showed an antalgic gait. The treating physician requested prescriptions for Flexeril, Protonix, and Tramadol. On February 10, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 24, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Flexeril, Protonix, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG 1 Tab By Mouth BID As Needed, #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There is no objective documentation of functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.

Protonix 20 MG 1 Tab Every Day #30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms, cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole is not medically necessary. The patient has also been prescribed an NSAID but there was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale on why Pantoprazole was prescribed, as it is not the first-line PPI to use. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Tramadol 50 MG 1 Tab By Mouth Every 4-6 Hours #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medically unnecessary. There is no documentation for all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There were no urine drug screenings or drug contract. There was no objective documentation of improvement in pain and functional capacity. Because of these reasons, the request for Tramadol is considered medically unnecessary.