

Case Number:	CM15-0039167		
Date Assigned:	03/09/2015	Date of Injury:	08/09/2014
Decision Date:	04/24/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 32 year old female who sustained an industrial injury dated 08/09/2013-08/09/2014. The injury is noted to be to her lower back and documented as cumulative trauma. Treatment to date includes diagnostics, medications, acupuncture and physical therapy. She presents on 01/14/2015 with complaints of neck pain, low back pain and frequent migraines. Physical exam noted decreased and painful range of motion of the cervical spine with muscle guarding. Lumbar ranges of motion were decreased and painful with muscle guarding and pain. Diagnoses included cervical spinal strain with discogenic changes, lumbar spinal strain, cervical radiculopathy, lumbar radiculopathy and rule out disc herniation. Treatment plan included chiropractic care and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials; Tramadol (Ultram Page(s): 77-81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. None of the reports address the results of using tramadol, or the prior course of hydrocodone. There is no record baseline or random drug tests. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Opioids are not medically necessary when prescribed in this manner, as all opioids should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Ibuprofen 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back Pain - Chronic low back pain; NSAIDs, specific drug list & adverse effects Page(s): 60; 68; 70.

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for NSAIDs, per the MTUS, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Four medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as

recommended by the FDA and MTUS. The reports do not address the results of using ibuprofen and there is no evidence of any benefit. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Omeprazole 20 mg: 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): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for PPIs, per guidelines, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Chiro 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities, including work. Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Chiropractic treatment was started on 12/5/14 and no reports since that time describe the results or any functional improvement. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement after an initial trial of at least 6 visits. Therefore, the request for Chiro 2 x 6 is not medically necessary.