

Case Number:	CM15-0040915		
Date Assigned:	03/11/2015	Date of Injury:	12/03/2012
Decision Date:	04/21/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 27-year-old female, who sustained an industrial injury on 12/3/2012. She reported slipping on a wet floor and injuring her lower back. The injured worker was diagnosed as having lumbago and lumbar discopathy with radiculopathy. Treatment to date has included acupuncture, chiropractic care, physical therapy, lumbar epidural steroid injections and medication management. Currently, a progress note from the treating provider dated 1/7/2015 indicates the injured worker reported constant low back pain that radiates to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: Per the 01/07/15 report by [REDACTED] the patient presents with constant lower back pain radiating into the left lower extremity with numbness tingling and weakness. Pain is unchanged and is rated 8/10. The current request is for FENOPROFEN CALCIUM NALFON 400mg #120 an NSAID per the 01/22/15 RFA. The patient is to continue working modified duty. MTUS Anti-inflammatory medications page 22 state, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. [REDACTED] states on 01/22/15 PTP RFA report that this medication is prescribed for inflammation and pain; however, it is not discussed in the most recent re-evaluation and progress report of 01/07/15. It is unclear from the reports provided how long the patient has been prescribed this medication. There is no evidence an NSAID is prescribed in reports from 05/07/14 through 01/07/15. In this case, this medication is indicated for this patient's pain and NSAIDs are not listed as prescribed medication on prior reports. The request IS medically necessary.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Per the 01/07/15 report by [REDACTED] the patient presents with constant lower back pain radiating into the left lower extremity with numbness tingling and weakness. Pain is unchanged and is rated 8/10. The current request is for OMEPRAZOLE 20mg #120. per the 01/22/15 RFA. The patient is to continue working modified duty. MTUS Guidelines NSAIDS, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The 01/22/15 PTP RFA states this medication is for GI symptoms. This report states that the patient has described a history of epigastric pain and stomach upset while using NSAIDS in the past and that she is currently prescribed Naproxen. However, the reports provided show only that the patient is currently prescribed Nalfon and no prior medication lists show Naproxen, other NSAIDs or discuss GI issues. The medical reports show the patient has been prescribed a PPI Omeprazole or Pantoprazole/Protonix since at least 05/07/14. However, the treating physician does not state whether or not this medication helps the patient. Furthermore, no GI assessment is made as required by the MTUS guidelines. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Per the 01/07/15 report by [REDACTED] the patient presents with constant lower back pain radiating into the left lower extremity with numbness tingling and weakness. Pain is unchanged and is rated 8/10. The current request is for CYLOBENZAPRINE HYDRO-CHLORIDE 7.5mg #120 per the 01/22/15 RFA. The patient is to continue working modified duty. MTUS guidelines page 64 states the following, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 state, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2 to 3 weeks for use of the medication. The 01/22/15 PTP RFA states this medication is for palpable muscle spasms noted during examination today and that the patient is aware that it should be used only in a short course for acute spasms. No examination findings from 01/22/14 are provided. The 01/22/15 RFA states this medication is prescribed 1 PO Q*H/PRN. In this case, the MTUS guidelines recommend use of this medication for no more than 2-3 weeks, and the current request is prescribed for long term use. There is no evidence provided that use is for short-term. The request IS NOT medically necessary.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 01/07/15 report by [REDACTED], the patient presents with constant lower back pain radiating into the left lower extremity with numbness tingling and weakness. Pain is unchanged and is rated 8/10. The current request is for TRAMADOL ER 150mg #90 an opioid analgesic per the 01/22/15 RFA. The patient is to continue working modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed opioids/Oxycodone/Percocet since at least 05/07/14. The patient's pain is routinely assessed through the use of pain scales and is rated 6/10 from 06/16/14-09/05/14 and 8-9/10 on the most recent reports. However, it is not stated if this is pain with or without medications. The 09/05/14 report by [REDACTED] states that medications help the patient; however, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional

improvements with opioid usage. The patient is noted to be working modified duty. There is no evidence of adverse side effects. Adverse behavior is not discussed. The UDS of 04/04/14 is cited as showing positive for Oxycodone and Oxymorphone; however, it is unclear if this result is consistent with prescribed medications. In this case, there is not sufficient documentation of Analgesia and opiate management to support long-term opioid use as required by the guidelines. The request IS NOT medically necessary.