

Case Number:	CM15-0045964		
Date Assigned:	03/18/2015	Date of Injury:	01/14/2008
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on 1/14/2008. He has reported missing a step, slipping and falling. The diagnoses have included lumbar degenerative disc disease, lumbar radiculopathy and long term use of medications. Treatment to date has included medication therapy, massage, physical therapy, applying heat, and epidural steroid injections. Currently, the IW complains of low back pain radiating to bilateral lower extremities. The pain score was reported as 9/10 on a scale of 0 to 10. The physical examination from 2/10/15 documented cervical and lumbar spine tenderness with palpation. The plan of care included continuation of medication therapy. The 9/24/2014 UDS was positive for TCA but negative for prescribed Tramadol. A Utilization Review determination was rendered recommending non certification for Tramadol 50mg #120, Diclofenac 75mg #60, Omeprazole 20mg #30 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the guidelines required compliance monitoring showed an inconsistent UDS with the absence of prescribed Tramadol but the presence of TCA. There is no documentation of Pills Count, CURES report or functional restoration. The criteria for the use of Tramadol 50mg #120 was not met. The request is not medically necessary.

Diclofenac 75mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The guidelines recommend that Diclofenac be reserved as a second line NSAID because of a higher risk of cardiac complications. The records did not indicate failure of treatment with first line NSAIDs. The criteria for chronic treatment with Diclofenac 75mg #60 was not met. The request is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease in the elderly and in patients with a history of significant gastric disease. The records didn't indicate that the patient had a co-existing gastrointestinal disease. The patient was previously utilizing Celebrex which didn't require prophylactic treatment with Omeprazole. With non certification of Diclofenac, the criteria for the use of Omeprazole 20mg #30 will not be necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the risk of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum 4 to 6 weeks duration of use. There is no documentation of the presence of Flexeril in the UDS or other compliance monitoring measures being utilized. The criteria for the use of Flexeril 10mg #30 was not met. The request is not medically necessary.