

Case Number:	CM15-0049197		
Date Assigned:	03/23/2015	Date of Injury:	03/23/2013
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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, New York, California
 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 applicant is a represented 31-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 23, 2013. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for Flexeril, Protonix, and tramadol. A progress note dated February 11, 2015 was referenced in the determination. The claims administrator did, however, apparently approve a request for Nalfon also prescribed on or around the same date. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of low back, hip, and thigh pain. The applicant denied any issues with hypertension or diabetes; it was stated in one section of the note. The applicant's blood pressure was, however, quite elevated at the time of the visit, the treating provider reported. Flexeril, Protonix, tramadol, Desyrel, and Nalfon were endorsed. The applicant reported difficulty-performing activities of daily living including standing, walking, and sleeping owing to ongoing pain complaints. The applicant was not currently working and was placed off work, on total temporary disability, it was acknowledged. Twelve sessions of physical therapy and a physiatry referral were also endorsed. No discussion of medication efficacy seemingly transpired. There was no explicit mention of the applicant's personally experiencing symptoms of dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, however, the applicant was using Nalfon, tramadol, and a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

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

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

Decision rationale: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Protonix are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone evident on the February 19, 2015 office visit at issue. Therefore, the request was not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for extended release tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation

of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, the treating provider acknowledged. The February 2015 progress note at issue failed to identify any quantifiable decrements in pain or material improvements in function effected as a result of ongoing tramadol usage (if any). The attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living including standing, walking, and negotiating stairs, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.