

Case Number:	CM15-0053521		
Date Assigned:	03/27/2015	Date of Injury:	08/25/2005
Decision Date:	05/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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 67-year-old male who reported an injury on 08/25/2005. The mechanism of injury was not specifically stated. The current diagnoses include lumbar sprain, lumbosacral spondylosis, and acquired lumbosacral spondylosis. The injured worker presented on 02/16/2015 for a followup evaluation regarding 4/10 low back pain. The injured worker reported an improvement in left lower extremity weakness. Upon the examination there was decreased sensation in the L5 and S1 distribution on the left and 4/5 motor weakness. An EMG/NCV on an unknown date reportedly indicated L5 and S1 radiculopathy. An MRI on an unknown date reportedly indicated severe stenosis at L3-4. The injured worker did not wish to pursue invasive treatment. The provider recommends a continuation of the current medication regimen and home exercise program. The current medication regimen includes Flexeril, Protonix, Voltaren and Ultram. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60 with 2 refills (J8499 x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines states NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized the above medication since at least 08/2014. The injured worker reports increasing low back pain despite the ongoing use of this medication. Guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Protonix 20mg #60 with 2 refills (J8499 x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Tramadol 50mg #60 with 2 refills (J8499 x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case there was no documentation of a failure of nonopioid analgesics. The injured worker has utilized the above medication since at least 09/2014 without any evidence of objective functional improvement. There was no documentation of a written consent or agreement for chronic use of an opioid. In addition, recent urine toxicology reports documenting evidence of the injured workers complaints and nonaberrant behavior were not provided. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Flexeril 7.5mg #90 with 2 refills (J8499 x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since at least 09/2014. There is no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity of the requested medication has not been established. Guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.