

Case Number:	CM15-0058232		
Date Assigned:	04/03/2015	Date of Injury:	10/10/2005
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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: 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 58 year old male patient who sustained an industrial injury on 10/10/2005. A primary treating office visit dated 02/11/2015 reported a chief complaint of lower back pain. the pain increases with climbing, lifting, pulling, pushing, bending and squatting. He has difficulty returning to regular duty. He was declared permanent and stationary regarding his lower back pain and is relying on the pain medications. He described the pain as continuous, dull to sharp in nature and occasionally accompanied with parasthesias. He is diagnosed with the following: iliolumbar strain; lumbosacral strain, myofascial strain; lumbosacral disc desiccation; degenerative disease; chronic lower back pain and spondylosis. The plan of care involved continue with orphenadrine Citrate, Nizatidine, Ultracet, and Anaprox. Follow up as needed. He will remain permanent and stationary. A primary treating note dated 09/21/2012 reported the patient having been recently seen under future medical care. The patient has been advised on conservative treatment and a home exercise program. The treatment will also include periodically providing medication to the patient from primary treating office. He was prescribed Hydrocodone/APAP 5/500mg, Omeprazole, and Voltaren gel. The plan of care involved affording the patient greater function and less pain. The focus will be on monitoring for functional gains, and avoidance of progression of their symptoms or condition. The plan of care is to be reviewed at periodic intervals and renew medications accordingly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #30 with 2 refills, provided on date of service: 02/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The requested Orphenadrine 100mg #30 with 2 refills, provided on date of service: 02/11/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lower back pain. The pain increases with climbing, lifting, pulling, pushing, bending and squatting. The treating physician has not documented duration of treatment, spasticity or hyper tonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine 100mg #30 with 2 refills, provided on date of service: 02/11/15 is not medically necessary.

Tramadol/APAP 37.5-325mg #60 with 2 refills, provided on date of service: 02/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol/APAP 37.5-325mg #60 with 2 refills, provided on date of service: 02/11/15, provided on date of service: 02/11/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain. The pain increases with climbing, lifting, pulling, pushing, bending and squatting. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol/APAP 37.5-325mg #60 with 2 refills, provided on date of service: 02/11/15, provided on date of service: 02/11/15 is not medically necessary.

Nizatidine 150mg #60 with 2 refills, provided on date of service: 02/11/15: 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): 68-69.

Decision rationale: The requested Nizatidine 150mg #60 with 2 refills, provided on date of service: 02/11/15, provided on date of service: 02/11/15, provided on date of service: 02/11/15, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has lower back pain. The pain increases with climbing, lifting, pulling, pushing, bending and squatting. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Nizatidine 150mg #60 with 2 refills, provided on date of service: 02/11/15, provided on date of service: 02/11/15, provided on date of service: 02/11/15 is not medically necessary.