MAXIMUS Federal Services

Case Number:	CM15-0059091		
Date Assigned:	04/03/2015	Date of Injury:	11/02/1995
Decision Date:	05/26/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67-year-old male who reported injury on 11/02/1995. The mechanism of injury was not provided. The documentation of 02/18/2015 revealed the injured worker had been experiencing pain for more than 10 years. The pain radiated to the bilateral lower extremities. The injured worker was utilizing a cane. The injured worker was noted to have an epidural steroid injection that decreased pain and was requesting a repeat injection. The medications were noted to be effective in controlling pain and allowing him to perform his activities of daily living independently. The injured worker denied side effects. The injured worker indicated his pain without medications would be 9/10 and he would be unable to get out of bed. The physical examination revealed sensation was intact to light touch and demarcation between dull and sharp dermatomes at C-T1 in the upper extremities bilaterally. Cervical range of motion was intact. The injured worker had a positive facet provocation test on the right with extension and tenderness to palpation at the right SI joint. The medications included OxyContin 10 mg 1 twice a day for 30 days, dispense 60; cyclobenzaprine 5 mg tablets 1 twice a day for 30 days, dispense 60; naproxen 500 mg tablets 1 twice a day for 30 days, dispense 60; Neurontin 300 mg 1 by mouth every morning and 2 by mouth at bedtime for 30 days, dispense 90; omeprazole 20 mg once a day for 30 days, dispense 30; and tramadol 50 mg 1 tablet twice a day for 30 days, dispense 60. The diagnoses included closed fracture of lumbar vertebra without mention of spinal cord injury, displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, other symptoms referable to back, and opioid type

dependence unspecified. The injured worker underwent urine drug screens. The treatment plan included a refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had an objective improvement in function. However, there was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50mg #60 is not medically necessary.

Oxycontin 10mg #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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had an objective improvement in function. However, there was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 10mg #60 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation of dyspepsia secondary to NSAID therapy. Additionally, there was a lack of documentation indicating the injured worker was at intermediate or higher risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Additionally, this medication was being concurrently reviewed with an NSAID, which was found to be not medically necessary. As such, this request would not be supported. Given the above, the request for omeprazole 20mg #30 is not medically necessary.

Naproxen 550mg #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 NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation of objective relief in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550mg #60 is not medically necessary.

Cyclobenzaprine 5mg #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 Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. The injured worker had been utilizing the medication for an extended duration of time, which would not support continued usage. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for cyclobenzaprine 5mg #60 is not medically necessary.