

Case Number:	CM15-0059321		
Date Assigned:	04/03/2015	Date of Injury:	10/18/2012
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 63 year old male injured worker suffered an industrial injury on 10/18/2012. The mechanism was not provided. The diagnoses included cervical and lumbar discopathy and severe cervicalgia. The injured worker had been treated with medications. On 2/10/2015, the treating provider reported constant pain in the low back with radiation to the lower extremities 8/10 and severe headaches. The lumbar range of motion where restricted and guarding along with tenderness. There is tingling and numbness in the lateral thigh as well as the foot. The treatment plan included Nalfon, Omeprazole, Cyclobenzaprine, Tramadol and Sumatriptan succinate. On 03/05/2015, the treating provider indicated Nalfon was being recommended for the injured worker's inflammation and pain. Omeprazole was prescribed for the injured worker's GI symptoms. Cyclobenzaprine was prescribed for the palpable muscle spasms noted during examination. Tramadol was prescribed for acute severe pain. Sumatriptan succinate was prescribed for migrainous headaches that are associated with the chronic cervical spine pain. The treating provider indicated on physical examination the patient was noted to have spasms. A Request for Authorization was submitted on 03/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg #120: Upheld

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

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

Decision rationale: The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The clinical documentation submitted for review does not provide evidence of a quantifiable pain scale with and without medication use. Additionally, there was no evidence of increased function with use of the medication. Furthermore, it is unclear when the injured worker started this medication, as the guidelines recommend for short-term treatment. Moreover, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request for fenoprofen calcium (Nalfon) 400 mg #120 is not medically necessary.

Omeprazole 20mg #120: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Guidelines identifies that risk for gastrointestinal events includes patients age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Guidelines also state the requested medication is recommended for patients at risk for gastrointestinal events. The clinical documentation submitted for review does not provide evidence that the injured worker reported gastrointestinal events or upset. There was no indication that the injured worker was on concurrent use of an ASA, corticosteroids, and/or anticoagulant, and/or high doses/multiple NSAIDs. Additionally, the request as submitted does not provide a frequency of the medication. Furthermore, the efficacy of the medication was not provided. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Cyclobenzaprine hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend it for a short course of therapy and as a skeletal muscle relaxant. The clinical documentation submitted for review indicated that the physician performed a physical examination and indicated muscle spasms on exam. However, there was no evidence of the efficacy of the medication. Furthermore, the request as submitted does not provide a frequency of the medication. Moreover, it is unclear when the injured worker started the medication, as the guidelines only recommend for short course of therapy. Given the above information, the request is not supported by the guidelines. As such, the request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. The clinical documentation submitted for review does not provide evidence of a quantifiable pain scale with and without medication use. Additionally, there is no evidence of increased function with user of the medication. Furthermore, there is no evidence of a consistent urine drug screen, verifying appropriate medication use. Moreover, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request for tramadol ER 150 mg #90 is not medically necessary.

Sumatriptan succinate 25 mg, #9 times two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address Sumatriptan succinate. The Official Disability Guidelines recommend for migraine sufferers. The clinical documentation submitted for review indicated that the treating physician indicated this medication was prescribed for migrainous headaches associated with the chronic cervical spine pain. However, the clinical documentation submitted for review does not provide subjective complaints of migraine headaches reported by the injured worker. Furthermore, the request as submitted does not provide a frequency for the medication. Given the above

information, the request is not supported by the guidelines. As such, the request is not medically necessary.