

Case Number:	CM15-0085362		
Date Assigned:	05/07/2015	Date of Injury:	09/16/2010
Decision Date:	06/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/04/2015

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 49-year-old female, who sustained an industrial injury on 9/16/10. The mechanism of injury was not noted. The diagnoses have included Gastroesophageal reflux disease (GERD), acute gastritis secondary to non-steroidal anti-inflammatory drugs, abdominal pain, and constipation, hiatal hernia and status post gastric polypectomy secondary to proton pump inhibitor treatment. Treatment to date has included medications, labs, and activity modifications. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of acid reflux which has worsened and left upper quadrant abdominal pain which is relieved by bowel movements. She reports worsening constipation, diarrhea and anxiety. She also reports a trip to the emergency room with head pain in the left suboccipital area and was given a steroid injection. Physical exam revealed blood pressure is 113/73, heart rate 69, height 5 feet 3 inches and weight is 133 pounds. There were no significant findings noted on physical exam. The current medications included Dexilant, Gaviscan, Miralax, Simethicone, Probiotics, Linzess, Tramadol, Cyclobenzaprine and Fluoxetine. The urine drug testing dated 10/10/14 was consistent with medications prescribed. The physician requested treatments included Cyclobenzaprine 7.5mg TID #90 with 2 refills, Fluoxetine 20mg every morning #30 with 2 refills and Tramadol 150mg every 8 hours as needed #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg TID #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: The requested Cyclobenzaprine 7.5mg TID #90 with 2 refills, 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 acid reflux, which has worsened and left upper quadrant abdominal pain, which is relieved by bowel movements. She reports worsening constipation, diarrhea and anxiety. She also reports a trip to the emergency room with head pain in the left suboccipital area and was given a steroid injection. The treating physician has not documented duration of treatment, spasticity or hypertonicity 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, Cyclobenzaprine 7.5mg TID #90 with 2 refills is not medically necessary.

Fluoxetine 20mg every morning #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-15 Page(s): 13-15.

Decision rationale: The requested Fluoxetine 20mg every morning #30 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has acid reflux, which has worsened and left upper quadrant abdominal pain, which is relieved by bowel movements. She reports worsening constipation, diarrhea and anxiety. She also reports a trip to the emergency room with head pain in the left suboccipital area and was given a steroid injection. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Fluoxetine 20mg every morning #30 with 2 refills is not medically necessary.

Tramadol 150mg every 8 hours as needed #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-84.

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 150mg every 8 hours as needed #60 with 2 refills, 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 acid reflux which has worsened and left upper quadrant abdominal pain which is relieved by bowel movements. She reports worsening constipation, diarrhea and anxiety. She also reports a trip to the emergency room with head pain in the left suboccipital area and was given a steroid injection. 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 150mg every 8 hours as needed #60 with 2 refills is not medically necessary.