

Case Number:	CM15-0088542		
Date Assigned:	05/12/2015	Date of Injury:	08/18/2014
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury on 8/18/2014 due to a fall. The current diagnosis is discogenic disease of the lumbar spine. Treatment to date has included medication management, physical therapy, facet joint injections, and a right L5-S1 epidural steroid injection (10/1/14). It was noted that the prior epidural steroid injection did not give the injured worker relief of pain. Physical therapy was noted to cause worse pain. Prior medication treatment includes Cyclobenzaprine, Hydrocodone, and Ibuprofen. Medications in August and September 2014 included Ibuprofen, Cyclobenzaprine and Hydrocodone-Acetaminophen. Medications from October 2014 to March 2015 included Cyclobenzaprine and Tramadol. Medications in March 2015 included Tramadol, Cyclobenzaprine, Gabapentin, Naproxen, and Omeprazole. Occasional alcohol use was noted in March 2015. EMG on 11/1/14 showed normal nerve conduction study of the right lower extremity, and electrodiagnostic evidence of chronic right S1 radiculopathy. According to the progress report dated 3/31/2015, the injured worker notes much improvement. Examination showed antalgic gait, spasms in the right latissimus dorsi, positive straight leg raise on the left, weakness of the right abductor hallucis longus and foot flexors, and decreased sensation in the L3 nerve distribution of the right leg. Urine drug screen on 3/31/2015 was consistent with prescribed medications. MRI of the lumbar spine shows multiple level bulging disk L4-L5 and L5-S1, with compression of foraminal opening. The plan of care includes prescription refills for Omeprazole, Tramadol, Cyclobenzaprine, Naproxen, and Gabapentin, and Epidural Steroid Injections at L4-L5 and L5-S1. Work status was noted as temporarily totally disabled. On 4/20/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68 and 69.

Decision rationale: This injured worker has been prescribed Naproxen, a non-steroidal anti-inflammatory medication (NSAID), and Omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Due to lack of specific indication, the request for Omeprazole is not medically necessary.

Tramadol 50mg #120, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioid analgesic Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic low back pain. Tramadol has been prescribed for at least 5 months, and opioids have been prescribed for at least 7 months. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, work status was noted as temporarily totally disabled, and no opioid contract was documented. One urine drug screen in March 2015 was noted to be consistent with prescribed medication. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant quantified pain relief or increased function from the opioids used to date, although medications as a group were noted to provide improvement in pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors

were not documented. As currently prescribed, Tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cyclobenzaprine 10mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41, 42 and 63-66.

Decision rationale: This injured worker has chronic low back pain with muscle spasm. Cyclobenzaprine has been prescribed for at least 7 months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, Cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use in excess of the guidelines, and lack of functional improvement, the request for Cyclobenzaprine is not medically necessary.

ESI at L5-S1 & L4-L5 with outpatient facility under fluoroscopy, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: This injured worker has chronic low back pain with electrodiagnostic evidence of S1 radiculopathy. A right L5-S1 epidural steroid injection in October 2014 was noted to have provided partial non-sustained relief of pain; multiple progress notes document that the injection was ineffective. The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than one interlaminar level should be injected at one session. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. In this case, the side of injection requested was not specified, and injection at more than one level was requested. There was no documentation of significant pain relief or functional improvement as a result of the prior epidural steroid injection. Due to lack of response from the prior epidural steroid

injection, unspecified side of injection, and request for more than one level of injection, the request for ESI at L5-S1 & L4-L5 with outpatient facility under fluoroscopy, #2 is not medically necessary.