

Case Number:	CM14-0118018		
Date Assigned:	09/23/2014	Date of Injury:	03/06/2011
Decision Date:	10/23/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female who reported an injury on 03/06/2011. The mechanism of injury was not stated. Current diagnoses include musculoligamentous sprain/strain of the cervical spine, musculoligamentous sprain/strain of the lumbar spine, and L5-S1 disc herniation. Previous conservative treatment is noted to include a home exercise program and medication management. The injured worker was evaluated on 06/23/2014 with complaints of persistent pain and muscle spasm in the lower back. Physical examination at that time revealed negative straight leg raising bilaterally, a normal gait, minimal lumbar tenderness, positive spasm in the paraspinal musculature, and full range of motion of the lumbar spine. The current medication regimen includes naproxen, Protonix, Norflex, and tramadol ER. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization Form was then submitted on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS Naproxen Sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. There is no documentation of an acute exacerbation of chronic pain. Guidelines do not recommend long term use of NSAIDS. There is no frequency listed in the current request. As such, the request is not medically necessary.

Ultram Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 36-37,42-43,46,48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Proton Pump Inhibitor Page(s): 68,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69..

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There was also no frequency listed in the request. As such, the request is not medically necessary.

Norflex orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm. There is also no frequency listed in the request. As such, the request is not medically necessary.