

Case Number:	CM14-0131934		
Date Assigned:	09/19/2014	Date of Injury:	06/10/2009
Decision Date:	10/22/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Illinois. 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 47-year-old female who reported an injury on 06/10/2009. The mechanism of injury was not submitted for review. The injured worker's diagnoses includes lumbar radiculopathy. Past medical treatment consists of spinal cord stimulator, physical therapy, epidural steroid injections and medication therapy. Medications include omeprazole, alprazolam, tramadol, fluoxetine and cyclobenzaprine. On 07/18/2014, the injured worker underwent a urinalysis drug screen, which showed that the injured worker was compliant with her prescription medications. On 09/10/2014, the injured worker complained of low back pain. It was noted on physical examination that the injured worker had a pain rate of 8/10. It was noted on physical examination that the lumbar spine had pain with extension. She had decreased sensation in the right lower extremity in the L3-S1 nerve roots, as well as 3+/5 strength throughout the right lower extremity. Bilateral pitting edema was present, 3+ right with 43.5 cm calf and 1+ left with 41.5 cm calf. Medical treatment plan was for the injured worker to continue with medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR (DOS 5/29/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) pain Procedure Summary Updated 6/10/14

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

Decision rationale: The request for omeprazole is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk for gastrointestinal events. The documentation submitted for review did not indicate that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation the request is not supported by the evidence based guidelines. Additionally, the request, as submitted, did not indicate a dosage, frequency or duration of the medication. As such, the request is not medically necessary.

Alprazolam (DOS 5/29/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for alprazolam is not medically necessary. The California MTUS do not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is risk for dependence. Most guidelines limit the use to 4 weeks. It was noted in the documentation that the injured worker had been using alprazolam since at least 05/2014, exceeding the recommended guidelines for short term therapy. Additionally, there was lack of efficacy of the medication documented to support continued use and the frequency, duration and dosage were also not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Tramadol ER (DOS 5/29/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for tramadol is not medically necessary. According to the California MTUS Guidelines central analgesic, such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. California

MTUS Guidelines also state that there should be documentation of the 4 A's for ongoing including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Assessments should be submitted for review which include pain levels before, during and after medication administration. The submitted documentation lacked any evidence of the efficacy of the medication, showing whether the medication was helping with any functional deficits. Additionally, there was no indication of any side effects the injured worker might be having with the medication. There was a drug screen urinalysis submitted on 07/18/2014, showing that the injured worker was in compliance with medication. However, there was no assessment submitted for review showing what pain levels were before, during and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Fluoxetine HCL (DOS 5/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain (Tricyclic antidepressants) Page(s): 13-15.

Decision rationale: The request for fluoxetine is not medically necessary. California MTUS Guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration and psychological assessment. Side effects, including excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The submitted documentation lacked any indication that the fluoxetine was being effective for the injured worker. The efficacy of the medication was not noted. There were also no notations as to side effects the injured worker might be having with the use of the medication. Furthermore, the request, as submitted, did not indicate a dosage, frequency or duration of the medication. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

Cyclobenzaprine (DOS 5/29/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for short term course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker had been taking the medication since at least 05/2014, exceeding the recommended guidelines for short term course therapy. The request, additionally, did not indicate the dosage, frequency or duration of the medication.

Furthermore, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.