

Case Number:	CM14-0161729		
Date Assigned:	10/07/2014	Date of Injury:	08/28/2009
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 54-year-old male with an 8/28/09 date of injury. At the time (9/18/14) of request for authorization for Retrospective Cyclobenzaprine 7.5mg (Flexeril) #60, Retrospective Tramadol 37.5/325mg (Ultracet) #60, Retrospective Omeprazole 20mg (Prilosec) #60, there is documentation of subjective (radiating low back down to the lower extremities with weakness, left foot pain, and knee pain with aching and swelling of the left leg to the left foot) and objective (tenderness to palpation over the lumbar spine, restricted range of motion of the lumbar spine and spasm, tenderness to palpitation over the left knee at the lateral and medial collateral ligaments, tenderness to palpitation over the left plantar fascia, and limited range of motion on the left sided dorsa flexion) findings, current diagnoses (spasm of muscles, edema, effusion of joint, sprain/strain of unspecified site of knee and leg, and displacement of lumbar intervertebral disc without myelopathy), and treatment to date (chiropractic therapy and medications (including ongoing treatment with Tramadol, Cyclobenzaprine and Omeprazole since at least 6/9/14)). Regarding Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Tramadol, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications as a result of Tramadol use to date. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg (Flexeril) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of spasm of muscles, edema, effusion of joint, sprain/strain of unspecified site of knee and leg, and displacement of lumbar intervertebral disc without myelopathy. However, despite documentation of muscle spasm, and given documentation of 8/28/09 date of injury, there is no (clear) documentation of acute muscle spasm. In addition, given documentation of a prescription for Cyclobenzaprine since at least 6/9/14, there is no documentation of short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Cyclobenzaprine 7.5mg (Flexeril) #60 is not medically necessary.

Retrospective Tramadol 37.5/325mg (Ultracet) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of spasm of muscles, edema, effusion of joint, sprain/strain of unspecified site of knee and leg, and displacement of lumbar intervertebral disc without myelopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Tramadol 37.5/325mg (Ultracet) #60 is not medically necessary.

Retrospective Omeprazole 20mg (Prilosec) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of spasm of muscles, edema, effusion of joint, sprain/strain of unspecified site of knee and leg, and displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of ongoing treatment with Omeprazole. However, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Retrospective Omeprazole 20mg (Prilosec) #60 is not medically necessary.