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| Case Number: | CM14-0161925 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 06/16/2011 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture. In a Utilization Review Report dated September 24, 2014, the claims administrator denied requests for tramadol, naproxen, tizanidine, and omeprazole. The claims administrator stated that its decisions were based on prescriptions, order forms, and a Doctor's First Report (DFR) dated September 15, 2014. In a handwritten Doctor's First Report dated September 15, 2014, difficult to follow, not entirely legible, the applicant reported complaints of low back pain, bilateral leg pain, and neck pain. Limited range of motion was noted about multiple body parts. Urine drug testing, x-rays of multiple body parts, including the lumbar spine, 12 sessions of physical therapy, 12 sessions of manipulative therapy, and 12 sessions of acupuncture were ordered, along with unspecified medications. Electrodiagnostic testing of the bilateral lower extremities was sought. The applicant was reportedly returned to regular duty work, although it was not clear whether the applicant was in fact working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol topic, Page(s): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is not recommended as a first-line oral analgesic. In this case, the request in question was seemingly initiated on the applicant's first office visit with the requesting provider. The document provided was sparse, handwritten, difficult to follow, and not entirely legible, and did not clearly establish the failure of other analgesic medications before introduction and/or selection of tramadol. No rationale or justification for selection of tramadol on the first visit was furnished by the attending provider. Indeed, there was no discussion of tramadol or other medications in the handwritten DFR. Therefore, the request is not medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic, Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the request in question did represent a first-time request for naproxen. This was indicated, given the applicant's persistent complaints of low back pain. Therefore, the request is medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Medications for Chronic Pain.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity but can be employed off-label for low back pain, as was present here on or around the date in question, this recommendation, however, is qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that only one medication should be given at a time, with a trial given for "each individual medication." In this case, the attending provider introduced multiple medications on the first office visit. An adequate trial was not given for

each medication. No rationale for medication selection was incorporated into the handwritten Doctor's First Report. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. Here, however, the attending provider did not incorporate any discussion of medication selection into his progress note. It was not clearly stated why multiple analgesics were furnished on the first visit. Therefore, the request is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia on the handwritten Doctor's First Report, referenced above. Therefore, the request is not medically necessary.