

Case Number:	CM14-0165680		
Date Assigned:	10/10/2014	Date of Injury:	06/14/2012
Decision Date:	11/14/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation 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:

The patient is a 30 year old male who was injured on 06/14/2012 when he was getting off a forklift. He slipped and fell on his knee. Progress report dated 08/05/2014 states the patient complained of continued pain with no significant improvement. He reported constant moderate to severe pain. On exam, the cervical spine was negative for spasms in the paracervical musculature. The lumbar spine revealed tenderness in the paralumbar muscles but negative for spasms. He did have spasm in the right shoulder as well as tenderness. He is diagnosed with cervical strain, neuropathic pain bilateral upper extremities; right shoulder impingement syndrome; degenerative disk disease of the lumbar spine and lumbar strain. He was recommended the medications listed below. There are no other reports available for review. Prior utilization review dated 09/16/2014 states the request for Retrospective request, DOS 09/16/2014 for Omeprazole 20mg #60; Retrospective request, DOS 09/16/2014 for Tramadol ER 150mg #30; and Retrospective request, DOS 09/16/2014 for Cyclobenzaprine 7.5mg #90 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request, DOS 09/16/2014 for Omeprazole 20mg #60: Upheld

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

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

Decision rationale: According to the CA MTUS, Omeprazole (Prilosec) "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. In the absence of documented any GI symptoms such as abdominal pain, vomiting or bleeding and the absence of the frequency and duration of NSAIDs intake, the request is not medically necessary according to the guidelines. The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the medical records do not establish the patient is at significant risk for GI events or dyspepsia unresponsive to change/discontinuation of NSAID. Thus, the medical necessity of Omeprazole has not been established in accordance with the CA MTUS guidelines.

Retrospective request, DOS 09/16/2014 for Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative methods of pain management such as home exercise program. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol has not been established.

Retrospective request, DOS 09/16/2014 for Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request for Cyclobenzaprine is not established per guidelines.