

Case Number:	CM14-0167833		
Date Assigned:	10/15/2014	Date of Injury:	07/21/2004
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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:

There were 36 pages provided for this review. Per the records provided, the claimant is a 33-year-old individual who sustained an injury on July 21, 2004. The patient was 69 inches tall and weighed 142 pounds. He underwent a lumbar fusion with removal of spinal hardware and also had an intramuscular injection of Toradol on November 6, 2013 and July 9, 2014, and an intramuscular injection of vitamin B12 complex on November 6, 2013 and November 9, 2014. The patient was approved for chiropractic care. The medicines included Omeprazole, Cyclobenzaprine, Naproxen and Tramadol. X-rays from November 6, 2013 showed a solid fusion at L4-L5-S1 and some disk space collapse and spondylosis. In November 2013 the patient was having increased low back pain. Coordination and balance was intact and the sensation and strength was normal. The medical records failed to document a gastrointestinal complaint. The cyclobenzaprine was likewise denied because it was not a short-term usage. Medical records were not provided that supported the Naproxen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen 550mg dispensed on 1/8/14 Qty: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 67.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Therefore, this request is not medically necessary.

Retro: Cyclobenzaprine Hydrochloride 7.5mg dispensed on 1/8/14 Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Therefore, this request is not medically necessary.

Retro: Omeprazole DR 20mg dispensed on 1/8/14 Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary.

Retro: Tramadol ER 150mg dispensed on 1/8/14 Qty: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12,13 83 and 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.