

Case Number:	CM14-0168316		
Date Assigned:	10/15/2014	Date of Injury:	12/05/2012
Decision Date:	11/18/2014	UR Denial Date:	10/08/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/5/12. A utilization review determination dated 10/8/14 recommends non-certification of cyclobenzaprine. Pantoprazole, Naproxen, and Tramadol ER were certified. 9/26/14 medical report identifies increasing right knee pain 7/10 and low back pain with right lower extremity symptoms 5/10. The patient reports heightened function with medication at current dosing with examples provided. Tramadol ER decreases pain an average of 5 points and no side effects are noted by the patient. NSAID provides 2-3 point decrease in pain and greater ROM. Recalls GI upset without PPT and at qd and bid dosing, but not at current tid dose. The patient failed Omeprazole. Cyclobenzaprine decreases spasm and improved ROM and tolerance to exercise with decreased pain level 2-3 points. On exam, there is right knee ROM 0-90 degrees, lumbar tenderness with limited ROM, and spasm of the calf and lumbar paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90;: Upheld

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

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

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

Pantoprazole 20mg #90;: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, the provider notes that the medication controls GI upset at tid dosing and the patient has failed first-line Omeprazole. In light of the above, the currently requested Pantoprazole is medically necessary.

Naproxen Sodum 550mg #90;: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes analgesic benefit and functional improvement with the use of this medication. In light of the above, the currently requested Naproxen is medically necessary.

Tramadol ER 150mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,47,75-79,120.

Decision rationale: Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is noted improvement in pain and function with no side effects and the provider discusses aberrant use. However, the current request is for a 3-month supply, which is not conducive to regular reevaluation for ongoing efficacy and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Tramadol ER is not medically necessary.