

Case Number:	CM14-0181687		
Date Assigned:	11/06/2014	Date of Injury:	08/29/2011
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 & 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 injured worker is a 57-year-old male who reported an injury on 08/29/2011. The mechanism of injury was twisting his back while lifting. His diagnosis was noted as lumbar disc disease. His past treatments were noted as surgery, medication, a TENS unit, a home exercise program, and chiropractic treatment. He was status post spinal fusion of L4-5 and L5-S1 on 03/24/2014. During the assessment on 10/09/2014, the injured worker complained of postoperative spinal pain. He stated the medications were helpful to control the pain and rated the pain a 6/10 with medication. The physical examination revealed bilateral tenderness and spasms of the L3-5 paraspinous muscles. There was decreased range of motion with extension at 0 degrees, flexion at 10 degrees, bilateral lateral bending at 5 degrees, and rotation at 5 degrees. There was decreased sensory to pinprick along the right lateral leg, with right more than the left leg. His medications were noted to include Fenoprofen 400 mg, Prilosec DR 20 mg, tramadol ER 150 mg, Norco 2.5 mg, lidocaine patch 5%, and Ketoprofen cream 20%. The treatment plan was to continue medication and a home exercise program. The rationale for cyclobenzaprine HCL 7.5 mg, naproxen sodium 550 mg, omeprazole 20 mg, and tramadol HCL 150 mg was to improve functionality, decrease pain, improve quality of life, and perform activities of daily living with minimal supervision or assistance. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #60 (retrospective): 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: The California MTUS Guidelines state that cyclobenzaprine is recommended for short courses of therapy. Flexeril is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2 to 3 weeks. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. The injured worker was noted to have been taking cyclobenzaprine since at least 05/01/2014. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Naproxen Sodium 550mg #60 (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend NSAIDs as an option for short term symptomatic pain relief of chronic low back pain. NSAIDs may be recommended as a second line treatment after acetaminophen, as there is conflicting evidence that they are more effective than acetaminophen for acute low back pain. There is inconsistent evidence for the use of NSAIDs to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. There was no clinical documentation provided that the injured worker complained of any breakthrough pain or acute pain. There was no clinical documentation provided that indicated the injured worker had tried acetaminophen prior to using NSAIDs and had an inadequate response. The assessment dated 05/01/2014 noted that the injured worker was not able to take NSAIDs by mouth due to a cardiac condition. There was no indication that the injured worker could now take an oral NSAID. Furthermore, the frequency was not provided with the request. Due to the lack of pertinent information, the ongoing use of naproxen sodium 550 mg #60 is not supported by the guidelines and is therefore not medically necessary.

Omeprazole 20mg #60 (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. The use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Proton pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There was a lack of documentation to indicate that the injured worker was at risk for gastrointestinal events or had suffered from gastric ulcers induced by NSAIDs. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of Omeprazole 20 mg #60 (retrospective) is not supported by the guidelines. As such, the request is not medically necessary.

Tramadol HCL 150mg #60 (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82.

Decision rationale: The California MTUS Guidelines state that central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. The guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random urine drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include current pain level; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. The injured worker has been taking tramadol HCL 150 mg since at least 05/01/2014. There was no quantified information regarding pain relief, including the detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of tramadol HCL 150 mg #60 is not supported by the guidelines. As such, the request is not medically necessary.