MAXIMUS Federal Services

Case Number:	CM14-0183465		
Date Assigned:	11/10/2014	Date of Injury:	06/21/2012
Decision Date:	12/16/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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 46 years old male patient who sustained an injury on 6/21/2012. He sustained the injury when pulled crater of wood, he fell backwards. The diagnoses include status post lumbar surgery and left S1 nerve root encroachment with L4-5 disc disease. Per the doctor's note dated 9/19/2014, he had complaints of low back pain with radiation to the lower extremities. The physical examination revealed an antalgic gait, moderate left-sided paralumbar tenderness with guarding, attenuated sensation evident in the S1 distribution on the left side, the Achilles tendon attenuated on the left side as strength with resisted inversion of the foot. The medications list includes Ultram, Neurontin, Protonix and Flexeril. He has had lumbar spine MRI dated 1/9/14 which revealed postsurgical scar changes at L5-Sl from laminectomy, scar tissue around the left S1 nerve root, 3.2 mm disc bulge at L4-L5 with a tear and lateral recess narrowing noted. He has undergone lumbar laminectomy at L5-S1 in 10/2012. He has had lumbar epidural steroid injection on 8/14/14. He has had physical therapy visits for this injury. He has had urine drug screen on 5/23/14 with negative results; on 7/21/14 with consistent results, on 8/6/14 which was consistent for Tramadol and Gabapentin; on 8/22/14 which was negative for Tramadol, on 9/11/14 which was negative for Tramadol and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60 (2 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

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

Decision rationale: Protonix contains pantoprazole is a proton pump inhibitor. Per the records provided the patient had history of abdominal/gastric symptoms with the use of NSAIDs. However current medication list does not include any NSAID. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. Per the guidelines, medical necessity of Protonix 20 mg #60 (2 times a day) is not established for this patient.

Ultram ER 150 mg #60 (1-2 times a day as needed): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75, 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient's surgical history includes lumbar laminectomy at L5-S1 in 10/2012. He has had a lumbar MRI that shows scar tissue around the left S1 nerve root. The patient is not taking any potent narcotics. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. This request for Ultram ER 150 mg #60 (1-2 times a day as needed) is deemed as medically appropriate and necessary.

Flexeril 7.5 mg #90 (3 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Flexeril contains Cyclobenzaprine, which is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks." According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Flexeril on a daily basis with lack of documented improvement in function is not fully

established. Evidence of muscle spasm is not specified in the records provided. Short term or as needed use of Flexeril in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 90 Flexeril 7.5 mg, as submitted, is not deemed medically necessary. The medical necessity of Flexeril 7.5 mg #90 (3 times a day) is not established for this patient.