MAXIMUS Federal Services

Case Number:	CM14-0022846		
Date Assigned:	06/11/2014	Date of Injury:	10/28/2008
Decision Date:	08/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 45 year old female with date of injury 10/28/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic lower back pain with intermittent radiation of pain to the left lower extremity. She has been treated with physical therapy and medications. There are no radiograhic spine data included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpaiton of the bilateral paraspinous musculature. Diagnoses: lumbar spine degenerative disc disease, back pain. Treatment plan and request: Naproxen, Cyclobenzaprine, Prilosec, Tramadol, Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This 45 year old female has complained of chronic lower back pain with intermittent radiation of pain to the left lower extremity since date of injury 10/28/2008. She has

been treated with physical therapy and medications to include Naproxen for at least 8 weeks duration. Per the MTUS guideline cited above, NSAIDS are recommended for short term (2-4 weeks) symptomatic relief in the treatment of chronic back pain. The use of an NSAID for the treatment of chronic back pain in this patient exceeds the recommended duration of treatment. On the basis of the MTUS guideline cited above, Naproxen is not indicated as medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

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

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

Decision rationale: This 45 year old female has complained of chronic lower back pain with intermittent radiation of pain to the left lower extremity since date of injury 10/28/2008. She has been treated with physical therapy and medications to include Cyclobenzaprine for at least 8 weeks duration. PerMTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not medically necessary for this patient.

Omeprazole delayed- release 20mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 45 year old female has complained of chronic lower back pain with intermittent radiation of pain to the left lower extremity since date of injury 10/28/2008. She has been treated with physical therapy and medications. The current request is for Prilosec. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary.

Tramadol Hydrochloride ER 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old female has complained of chronic lower back pain with intermittent radiation of pain to the left lower extremity since date of injury 10/28/2008. She has been treated with physical therapy and medications to include Tramadol for at least 8 weeks duration. No treatingphysician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 45 year old female has complained of chronic lower back pain with intermittent radiation of pain to the left lower extremity since date of injury 10/28/2008. She has been treated with physical therapy and medications. The current request is for Terocin patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin patch is not indicated as medically necessary.