

Case Number:	CM14-0027889		
Date Assigned:	06/20/2014	Date of Injury:	06/29/2009
Decision Date:	08/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 41 year old female who had a work related injury on 06/29/09. Most recent clinical documentation submitted for review was dated 11/05/13 the injured worker had persistent low back pain radiating to lower extremities with numbness and tingling. Symptomatology in the cervical spine and upper extremities was essentially unchanged. Physical examination of cervical spine was essentially unchanged. There was paravertebral muscle spasm. There was positive axial loading compression test. Extension of symptomatology in the upper extremities was noted. Overlap definitely was noted in the upper extremities. There was reproducible symptomatology extending from the shoulders into the elbows and hands and wrists. There was some dermatomal overlap consistent with double crush phenomenon/syndrome as the patient had positive palmar compression test subsequent to Phalen maneuver. There was reproducible symptomatology in median nerve distribution. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dyesthesia at L5-S1 dermatomes. Diagnosis was lumbar discopathy. Status post right carpal tunnel release, rule out recurrent carpal tunnel syndrome. Rule out carpal tunnel syndrome on the left. The injured worker underwent physical therapy chiropractic treatment. She continued taking her medication as needed. She would return to the clinic in four to six weeks. In review of clinical documentation submitted for review, there was no clinical documentation of visual analog scale scores with and without medications or functional benefit. Prior utilization review on 02/19/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550 mg # 100: 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 NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. recommended as an option for short-term symptomatic relief. In review of clinical documentation submitted for review, there was no clinical documentation of visual analog scale scores with and without medications or functional benefit. Therefore, the request is not medically necessary and appropriate.

Cyclobenzaprine Hydrochloride 7.5 mg #120: 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 Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

Decision rationale: The current evidence based guidelines as well as clinical documentation submitted for review do not support the request for Flexeril. There is no documentation of functional improvement, or visual analog scale scores with and without medications. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low blood pressure (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore, the request is not medically necessary and appropriate.

Omeprazole Delayed Release Capsules 20 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton Pump Inhibitors.

Decision rationale: The clinical documentation submitted for review does not support the request for Omeprazole. There is no clinical evidence that the injured worker has gastrointestinal

problems, or is at risk to develop gastrointestinal problems. Therefore, medical necessity has not been established. The request is not medically necessary and appropriate.

Tramadol Hydrochloride 150 mg #90: 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 Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tramadol.

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In review of clinical documentation submitted for review, there was no clinical documentation of visual analog scale scores with and without medications or functional benefit. As such, medical necessity has not been established. The request is not medically necessary and appropriate.