

Case Number:	CM14-0190894		
Date Assigned:	11/24/2014	Date of Injury:	08/22/2012
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 59 year old female patient who sustained a work related injury on 8/22/12. The patient sustained the injury due to a trip and fall incident. The current diagnoses include musculoligamentous sprain/strain of the cervical spine, cervical disc herniation C5/6 and sprain of the lumbar region. Per the doctor's note dated 08/27/14, patient has complaints of neck and low back pain and numbness and tingling in the right upper and lower extremity at 5/10 with medications and at 8/10 without medications. Physical examination revealed muscle spasms in the neck, numbness of C8 and T1 on the right, positive cervical tenderness and spasms in the cervical paraspinals, cervical spine range of motion was decreased about 20% lumbar spine range of motion was decreased by about 20%, normal reflex, sensory and power testing to bilateral upper and lower extremities except for numbness in right C8 and T1, normal gait and heel-walk and toe-walk bilaterally and tenderness on palpation. The current medication lists include Naproxen, Protonix, Tramadol and Cyclobenzaprine. The patient has had MRI of the cervical spine on 11/15/12 that revealed disc herniation at the C5-6 level, on 3/3/14 X-rays of the cervical spine that revealed marked spondylosis at the C5-6 level and on 3/3/14 X-rays of the right shoulder that was within normal limits. Any surgical or procedure note related to this injury were not specified in the records provided. He has had a urine drug toxicology report that was consistent. The patient has received an unspecified number of PT and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, Anaprox DS 550mg #90, DOS: 9/29/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Anaprox belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." "The patient is having chronic pain and is taking Anaprox for this injury. The patient sustained the injury due to trip and fall incident. The current diagnoses include musculoligamentous sprain/strain of the cervical spine, cervical disc herniation C 5/6 and sprain of the lumbar region. Per the doctor's note dated 08/27/14, patient has complaints of neck and low back pain and numbness and tingling in the right upper and lower extremity at a 5/10 with medications and at 8/10 without medications. Physical examination revealed muscle spasms in the neck, numbness of C8 and T1 on the right, positive cervical tenderness and spasms in the cervical paraspinals, cervical spine range of motion was decreased about 20% lumbar spine range of motion was decreased by about 20%, numbness in right C8 and T1, and tenderness on palpation. The patient has had MRI of the cervical spine on 11/15/12 that revealed disc herniation at the C5-6 level, on 3/3/14 X-rays of the cervical spine that revealed marked spondylosis at the C5-6 level. NSAIDs like Anaprox are first line treatments to reduce pain. Retro, Anaprox DS 550mg #90, DOS: 9/29/14 use is deemed medically appropriate and necessary in this patient.

Retro, Fexmid 7.5mg #60, DOS: 9/29/14: Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of treatment for back pain. The patient had sustained a chronic injury and any evidence of acute exacerbations in pain was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Therefore it is deemed that, this patient does not meet criteria for ongoing continued use of Retro, Fexmid 7.5mg #60, DOS:

9/29/14. The medical necessity of Retro, Fexmid 7.5mg #60, DOS: 9/29/14 is not established for this patient.

Retro, Ultram 150mg #60, DOS: 9/29/14: Upheld

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

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 "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The patient is having chronic pain and is taking Tramadol for this injury. Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of severe pain was not specified in the records provided. The need for Tramadol on a daily basis with lack of documented improvement in function is not fully established. This request for Ultram 150mg #60, DOS: 9/29/14 is not fully established for this injury.

Retro, Protonix 20mg #60, DOS: 9/29/14: Upheld

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

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

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has

GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Retro, Protonix 20mg #60, DOS: 9/29/14 is not fully established in this patient.