

Case Number:	CM14-0213965		
Date Assigned:	12/31/2014	Date of Injury:	08/01/2013
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 60 year-old female who was injured on 8/1/13 when she was working as a strapper operator and had to straighten loads by herself with her back against the wall and pushing with her feet and legs. She complained of pain of cervical spine, lumbar spine, right shoulder, and bilateral lower extremities. An x-ray of lumbar spine showed mild degenerative changes with anterior osteophytic spurring at L2-3, L3-4, loss of intervertebral disc height at L3-4, L4-5, and L5-6. A cervical x-ray showed mild degenerative changes with anterior osteophytic spurring at C2-3, C3-4. She was diagnosed with low back pain, bilateral knee and ankle sprain, right knee and ankle degenerative joint disease, and iliotibial band syndrome. Her medication included Tramadol, omeprazole. A home exercise program was recommended. The current request is for Cyclobenzaprine, Tramadol, and Prilosec which was denied by utilization review on 12/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

Decision rationale: The request for cyclobenzaprine is medically unnecessary. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Tramadol as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There are no specific details of functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, it is considered not medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain relief. Because of these reasons, the request for Tramadol is considered medically unnecessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PPI> <NSAIDS, GI effects>.

Decision rationale: The request for prilosec is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrinintestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications", all of which did not apply to the patient. The patient was not on long-term NSAIDS. PPI's carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for prilosec is not medically necessary.