MAXIMUS Federal Services

Case Number:	CM14-0214003		
Date Assigned:	12/31/2014	Date of Injury:	08/02/2012
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 33-year-old male who reported an injury on 07/31/2012. The mechanism of injury involved repetitive bending. The injured worker is currently diagnosed with C3-4 disc protrusion with C4 neural encroachment and radiculopathy, left cervical radiculopathy, left lumbar neuropathy, facet osteoarthropathy/spondylosis at L4-5 and L5-S1, rule out neural encroachment lumbar spine/radiculopathy, and reactive anxiety. The injured worker presented on 1002/2014 with complaints of 8/10 lower back pain with increasing left lower extremity symptoms. The injured worker also reported 7/10 cervical pain with increasing left greater than right upper extremity symptoms. Previous conservative treatment includes medication management, physical therapy, and epidural steroid injections. The current medication regimen includes tramadol ER 300 mg, cyclobenzaprine 7.5 mg, naproxen sodium 550 mg, and Protonix 20 mg. Upon examination, there was tenderness to palpation of the lumbar spine, 60 degree flexion, 50 degree extension, 50 degree left and right lateral tilt, 40 degree left rotation, 35 degree straight leg raise on the left, and a slightly antalgic gait. There was also limited range of motion of the cervical spine with pain. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication. The California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Retrospective Protonix 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS state proton pump inhibitors are recommended for patients on intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal event. Therefore, the medical necessity has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

Retrospective Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Retrospective Anaprox 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations in chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized the above medication since at least 06/2014. The California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no documentation of objective functional improvement. There is no frequency listed in the request. As such, the request is not medically necessary.