

Case Number:	CM14-0214358		
Date Assigned:	01/07/2015	Date of Injury:	10/14/2009
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female who got injured on 10/14/2009. She was in the course of her usual duties when she reached for and lifted a heavy container of toxicology testing chemicals and developed pain in her cervical spine, right shoulder and low back. On 11/4/2014 she was seen by her treating physician, her subjective complaints included pain in her cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level, pain radiates into the upper extremities, there are associated migraines headaches as well as tension between the shoulder blades, the patients pain was reported as worsening, and rated as a 7/10 in intensity. She also had constant pain in her low back aggravated by certain movements and was reported as a 7/10 in intensity and worsening. Her cervical spine examination was positive for palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive spurlings maneuver, and limited range of motion due to pain. The lumbar spine exam was positive for palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, standing flexion and extension are guarded and restricted. She was diagnosed as lumbar disc disorder, cervicgia. On 12/9/2014 she had an initial pain medicine evaluation with essentially the same complaints and physical exam. Her pain was rated as a 3/10 with medications and 8/10 without medications. Her MRI dated 5/3/2012 showed lumbar spine, annular disc bulge at L3-4 extending 1-2mm posteriorly with no stenosis, broad based posterior disc protrusion at L4-5 extending 2-3mm posteriorly causing mild stenosis with mild bilateral foraminal stenosis, broad based posterior disc protrusion at L5-S1 extending 2-3mm posteriorly, associated facet hypertrophy of ligamentum

flavum causing moderate bilateral foraminal stenosis. Thoracic spine was essentially normal and cervical spine C3-4, C4-5 was positive for mild to moderate central canal stenosis and C5-6, C6-7 was positive for moderate central canal and bilateral moderate foraminal stenosis. The request is for omeprazole 20mg # 120, cyclobenzaprine hydrochloride 7.5mg # 120, tramadol ER 150mg # 90, Sumatriptan succinate tablets 25mg #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: Per the MTUS clinicians should weigh the indications for NSAID's against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events by age greater than 65 years, history of peptic ulcer GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant, high dose/multiple NSAID's. For patients with no risk factors and no cardiovascular disease. Non selective NSAID's like ibuprofen and naproxen are ok. A review of the injured workers medical records reveals that she is on naproxen and there does not appear to be any risk factors, past history or current complaints of GI symptoms or event. Therefore, based on the guidelines the request for Omeprazole 20mg # 120 is not medically necessary.

Cyclobenzaprine hydrochloride tablets 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 (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option for the treatment of chronic pain using a short course of therapy. Per the MTUS Cyclobenzaprine is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better, treatment should be brief, and the addition of Cyclobenzaprine to other agents is not recommended. A review of the injured workers medical records do not indicate any reason to continue with this medication and the request for Cyclobenzaprine hydrochloride 7.5mg # 120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS opioids should be continued if the patient has returned to work or if the patient has improved functioning and pain. Ongoing management should include monitoring of analgesia, activities of daily living, adverse side effects, aberrant drug taking behaviors, the lowest possible dose should be prescribed to improve pain and function. On 11/4/2014 when she saw her treating physician, it was documented that she had constant pain, there was no documentation of improved functioning with Tramadol, the injured worker does not appear to be responding very well to Tramadol and based on her clinical picture and the guidelines the request for Tramadol ER 150mg #90 is not medically necessary.

Sumatriptan succinate tablets 25mg #9: 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), Head, Triptans.

Decision rationale: The MTUS does not specifically address the use of Triptans, therefore other guidelines were consulted. Per the ODG Triptans are recommended for migraine sufferers. However a review of the patient's medical records reveal headaches which appear to cervicogenic in origin, however there is no diagnosis of migraine. There is also no documentation of the injured workers response to sumatriptan. Triptans are only indicated in the treatment of migraines and therefore the request for Sumatriptan succinate tablets 25mg #9 is not medically necessary in the injured worker.