

Case Number:	CM14-0215998		
Date Assigned:	01/06/2015	Date of Injury:	01/03/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 41 year-old male with a date of injury of 01/03/2013. The results of the injury include low back pain. Diagnoses have included lumbar radiculopathy. Diagnostic studies were not submitted for review. Treatments have included medications and physical therapy treatments. Medications have included Naproxen, Protonix, Tramadol ER, and Cyclobenzaprine. A progress note from the treating physician, dated 11/12/2014, documented a follow-up visit. The injured worker reported frequent moderate dull, achy low back pain, numbness and tingling radiating to the bilateral lower extremities with numbness and tingling. The pain is rated as 5.5/10 on the visual analog scale and is associated with sudden movement, prolonged sitting or standing, repetitive walking, driving, climbing stairs, bending, or kneeling. The injured worker reported relief from the medications. Objective findings included tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles; muscle spasm of the bilateral gluteus and lumbar paravertebral muscles; and sitting straight leg raise is positive. Range of motion is documented as: extension: 10/25 degrees, flexion: 40/60 degrees, left lateral bending: 10/25 degrees, and right lateral bending: 10/25 degrees. The plan of treatment includes continuing prescribed medications: Cyclobenzaprine, Protonix, Tramadol ER, and Naproxen. Request is being made for Cyclobenzaprine 7.5 mg #90; Protonix 20 mg #60; Tramadol ER 150 mg #30; and Naproxen 550 mg #60. On 12/12/2014, Utilization Review non-certified a prescription for Cyclobenzaprine 7.5 mg #90; Protonix 20 mg #60; Tramadol ER 150 mg #30; and Naproxen 550 mg #60. Utilization Review non-certified a prescription for Cyclobenzaprine 7.5 mg #90 based on the lack of

documentation to support the efficacy of this medication as well as the evidence of objective functional improvement from the use of this medication. The Utilization Review cited the CA MTUS Guidelines, 2009, Chronic Pain: Muscle Relaxants (for pain): Cyclobenzaprine. Utilization Review non-certified a prescription for Protonix 20 mg #60 based on the lack of documentation indicating the injured worker had gastrointestinal symptoms or that the injured worker was at risk for gastrointestinal events. The Utilization Review cited the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Proton Pump Inhibitors: Protonix. Utilization Review non-certified a prescription for Tramadol ER 150 mg #30 based on the lack of documentation for ongoing monitoring for this medication for the injured worker, including an objective assessment of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The Utilization Review cited the CA MTUS Guidelines, 2009, Chronic Pain: Opioids, Specific Drug List: Tramadol; and Ongoing Management. Utilization Review non-certified a prescription for Naproxen 550 mg #60 based on the lack of documentation of an objective assessment of the injured worker's pain level or functional status, the efficacy of this medication, report of side effects, or decrease in pain from the use of this medication. The Utilization Review cited the CA MTUS Guidelines, 2009, Chronic Pain: NSAIDs; NSAIDs, Specific Drug List & Adverse Effects: Naproxen. Application for independent medical review was made on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63-64.

Decision rationale: The patient presents with frequent lower back pain radiating to the bilateral lower extremities. Pain is rated 5/10. The current request is for CYCLOBENZAPRINE 7.5 mg #90 per RFA dated 11/12/14. MTUS guidelines page 64 states the following: Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 states, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show that the patient was prescribed this medication from 10/15/14 through 12/10/14. The treater does not discuss this medication in the reports provided. In this case, guidelines recommend short term use, and the reports indicate the patient is prescribed the medication longer than the 2-3 weeks recommended. The reports do not state that use is for the short-term, and there is no discussion of use outside guidelines. The request IS NOT medically necessary.

Protonix 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Pain Proton Pump Inhibitor Protonix

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

Decision rationale: The patient presents with frequent lower back pain radiating to the bilateral lower extremities. Pain is rated 5/10. The current request is for PROTONIX 20 mg #60 (Pantoprazole) per the 11/12/14 RFA. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 states omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Pantoprazole is a PPI similar to omeprazole. The reports provided show that the patient has been prescribed this medication since 10/15/14. Prior to this reports list Omeprazole. The reports do not discuss the intended use of this medication. In this case, the patient is prescribed an NSAID (Naproxen); however, there is no documentation of GI events nor is there GI assessment as required by MTUS. Furthermore, the reports do not state how Protonix helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Tramadol ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 & 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88-89,76-78,60-61.

Decision rationale: The patient presents with frequent lower back pain radiating to the bilateral lower extremities. Pain is rated 5/10. The current request is for TRAMADOL ER 150 mg #30.(an opioid analgesic) per the 11/12/14 RFA. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADL's, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 07/30/14. The reports do show the use of a pain scale to assess pain. Pain is rated 5-6/10 in reports from 09/16/14 to 11/12/14. However, it is not stated if pain is with medications or without that would show a significant decrease in pain with use of Tramadol. ADL's are not documented. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate

management issues are only partially addressed. Numerous reports show that a urinalysis was performed to monitor compliance with medications. The 09/17/14 urine toxicology report is provided for review. This report shows negative (not present) for Tramadol. The reports provided do not explain why this result is inconsistent with prescribed medications. There is no discussion of adverse side effects or adverse behavior. No outcome measures are provided. In this case, the 4A's have not been documented as required to support long-term opioid use. The request IS NOT medically necessary.

Naproxen 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories, medication for chronic pain Page(s): 22, 60-61.

Decision rationale: The patient presents with frequent lower back pain radiating to the bilateral lower extremities. Pain is rated 5/10. The current request is for NAPROXEN 550 mg #60 (an NSAID) per the 11/12/14 RFA. MTUS Anti-inflammatory medications page 22 states 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. The reports provided show the patient has been prescribed this medication since at least 07/30/14. Naproxen is indicated as a first line treatment for the pain that is documented for this patient. However, there is no documentation of how it helps him. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.