

Case Number:	CM15-0000434		
Date Assigned:	01/12/2015	Date of Injury:	02/09/2014
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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 York
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41-year-old male, who sustained an industrial injury on 2/09/2014, resulting in injuries to the left leg, hip, back, and thoracic spine. A right shoulder surgery, unspecified in 2003, was also documented. He has reported chest pain, thoracic and lumbar spine pain, left hip and leg pain, and constant headaches. The diagnoses have included sacroiliac sprain/low back sprain. Treatment to date has included conservative measures. The progress report references 6 physical therapy visits from 2/26/2014 to 3/26/2014. The PR2 report, dated 11/23/2014, noted no difficulty with heartburn or nausea. Significant stiffness was noted in the low back with mild radiation into both hips and down both legs. He reported pain in his thorax without radiation around his anterior chest wall. Left ankle pain, rated 3/10, was reported. Physical exam showed lumbar spine flexion 70 degrees, extension 20 degrees, tilt decreased at 30 degrees. The lumbar exam noted spasms bilaterally in the latissimus dorsi muscle. Neck rotation and tilt were 45 degrees. Tenderness was noted to the thoracic spine, with no radicular findings. He had decreased pain and touch sensation on the left side, L3-L5. Magnetic resonance imaging findings were referenced as showing disc bulging at L3-L5 with neuroforaminal narrowing at L1-S1. Current medication was noted as Ibuprofen 800mg twice daily, noting a recommendation for full medication regime. The PR2 report, dated 12/8/2014, noted medication list as including Ibuprofen, Omeprazole, Cyclobenzaprine, and Tramadol. The injured worker was still reporting significant pain and stated it was "helping him some". The injured worker was not able to work since his injury. On 12/04/2014, Utilization Review (UR) non-certified a prescription for Cyclobenzaprine 10mg #60, noting the lack of compliance with

MTUS Guidelines. The UR non-certified a prescription for Tramadol 50mg #60, noting the lack of compliance with MTUS Guidelines. The UR non-certified a prescription for Gabapentin 300mg #60, noting the lack of compliance with MTUS Guidelines. The UR non-certified a prescription for Omeprazole 20mg #60, noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg quantity 60.00: Overturned

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

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

Decision rationale: The use of long term muscle relaxants is not consistent with MTUS guidelines. Muscle relaxants are second line medication for short term treatment of an exacerbation of back pain. When used with NSAIDS - in this case ibuprofen - there is no added benefit adding a muscle relaxant long term.

Tramadol 50mg quantity 60.00: Upheld

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

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

Decision rationale: The documentation did not meet MTUS criteria for on-going opiate treatment. There must be documentation of anesthesia, activities of daily living, adverse effects and any aberrant drug seeking behavior. There must be functional improvement. This was not documented during each office visit. Weaning/discontinuation of opiates is associated with a higher return to work rate.

Gabapentin 20mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin/Gabapentin Page(s): 49.

Decision rationale: Gabapentin is first line treatment of diabetic neuropathy and post herpetic neuralgia. The patient has neither condition. It is an anti-convulsant and the patient does not have

a seizure disorder. There is no documentation of neuropathic pain and continued treatment with gabapentin is not consistent with MTUS guidelines.

Omeprazole 20mg quantity 60.00: Upheld

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

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

Decision rationale: The patient is treated with NSAIDS - ibuprofen. However, the patient is not a high risk patient and does not meet criteria for PPI. He is under 65 years of age and there is no documentation of peptic ulcer disease or GI bleed. He is not taking anticoagulant medication. He does not meet MTUS high-risk criteria for treatment with a PPI.