

Case Number:	CM15-0003131		
Date Assigned:	01/14/2015	Date of Injury:	07/21/2012
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on July 21, 2012, to the lumbar disc, picking up a carpet. She has reported immediately feeling excruciating pain on the right side and middle of the back. The diagnoses have included lumbar sprain/strain, lumbosacral spondylosis without myelopathy, chronic pain syndrome, right S1 radiculopathy neck sign, left hip strain and degenerative joint disease. Treatment to date has included a lumbar fusion, epidural injections, physical therapy, electric stimulation unit, and medications. Currently, the injured worker complains of continued lower back pain and left foot numbness and tingling involving the big toe and adjacent two toes, with increased pain with activity. The Primary Treating Physician's report dated November 10, 2014, noted the injured worker in no acute distress, with a normal gait and arm swing without assistive devices, and was to continue activity as tolerated, with an epidural steroid injection providing no improvements. On December 16, 2014, Utilization Review non-certified 5 Flexeril x 2 (Cyclobenzaprine) 7.5 mg one tab three times a day #90, Protonix x 2 (Pantoprazole Sodium DR) 20 mg one tab twice a day or as needed #60, Voltaren x 2 (Diclofenac Sodium ER) 100 mg #60 one tab twice a day or as needed, Norco x 2 (Hydrocodone/APAP) 5/325 mg one tab every six hours or as needed #60, and Tramadol x 2 (Ultram) 50 mg #60. The UR Physician noted there was no documentation of significant change in the pain score, pain relief, or objective improvement in function noted to continue use with the Flexeril, therefore the medication was not medically necessary, with discontinuation was recommended, citing the Official Disability Guidelines. The UR Physician noted that if a proton pump inhibitor medication was required over the counter medication should be considered, with

the Protonix not medically necessary and recommended for discontinuation. The UR Physician noted that the documentation did not identify significant pain relief or functional benefit as a result of the Voltaren, therefore discontinuation was recommended, citing the California MTUS guidelines. The UR Physician noted that there was no mention of improvement of pain or improvement of function with activities of daily living, and no clear detail as to why opioid weaning was not in the treatment plan, therefore, the Norco was not medically necessary. The UR Physician noted that there was no documentation of objective examples of functional restoration achieved or significant change in the pain score with use of the Tramadol, as well as no documentation of an opioid contract or urine drug screen, therefore the Tramadol was not medically necessary, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of 5 Flexeril x 2 (Cyclobenzaprine) 7.5 mg one tab three times a day #90, Protonix x 2 (Pantoprazole Sodium DR) 20 mg one tab twice a day or as needed #60, Voltaren x 2 (Diclofenac Sodium ER) 100 mg #60 one tab twice a day or as needed, Norco x 2 (Hydrocodone/APAP) 5/325 mg one tab every six hours or as needed #60, and Tramadol x 2 (Ultram) 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril x 2 (Cyclobenzaprine) 7.5 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxant

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

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Protonix x 2 (Pantoprazole sodium DR) 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Protonix (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix is not medically necessary.

Voltaren x 2 (Diclofenac sodium ER) 100 mg #60: Upheld

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

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

Decision rationale: Regarding the request for Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.

Norco x 2 (Hydroco/APAP) 5.325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Tramadol x 2 (Ultram) 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.