

Case Number:	CM15-0016106		
Date Assigned:	02/04/2015	Date of Injury:	10/20/1999
Decision Date:	05/13/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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

CLINICAL CASE SUMMARY

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

This 54-year-old male sustained a work-related injury on 10/20/1999. The specific injury and its cause were not contained in the documentation. According to the progress notes dated 11/13/2014, the injured worker's (IW) diagnoses include cervical stenosis at C5-6 and C6-7, right lumbar radiculopathy, status post bilateral carpal tunnel release, ulnar nerve release and left shoulder surgery. He reports bilateral shoulder, neck and low back pain with numbness and tingling in all extremities. Previous treatments include chiropractic, acupuncture, home exercise, medications and bilateral carpal tunnel release. The treating provider requests Tramadol/Apap 37.5/325mg, #120; Omeprazole 20mg, #60; Cyclobenzaprine 7.5mg, #60 and Nortriptyline HCL 25mg, #60. The Utilization Review on 1/19/2015 non-certified Tramadol/Apap 37.5/325mg, #120; Omeprazole 20mg, #60; Cyclobenzaprine 7.5mg, #60 and Nortriptyline HCL 25mg, #60, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 #120 Tramadol/APAP 37.5/325 MG Take Twice a Day for Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): pgs 77, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker has already been treated with Tramadol prior to prescribing Tramadol/APAP, with no significant improvement in pain or function. With MTUS guidelines not being met, the request for #120 Tramadol/APAP 37.5/325 MG Take Twice a Day for Pain is not medically necessary.

Omeprazole 20 MG #60: Overturned

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

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

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Although documentation provided does not reveal that the injured worker is not prescribed NSAIDs, there is evidence of history of Gastritis, H. pylori and intermittent rectal bleeding. The request for ongoing use of Omeprazole 20 MG #60 is appropriate and medically necessary.

Cyclobenzaprine 7.5 MG #60: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation indicates that the injured worker has taken Cyclobenzaprine for prolonged period of time, currently prescribed daily. With MTUS guidelines not being met, the request for Cyclobenzaprine 7.5 MG #60 is not medically necessary.

Nortriptyline HCL 25 MG #60, As an Outpatient Related to The Cervical and Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs) as first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Documentation supports that the injured worker has persistent Neuropathic pain and has had bilateral Carpal Tunnel and Ulnar nerve release surgery, justifying the ongoing use of Nortriptyline. The request for Nortriptyline HCL 25 MG #60, As an Outpatient Related to The Cervical and Lumbar Spine is medically necessary.