MAXIMUS Federal Services

Case Number:	CM15-0113346		
Date Assigned:	06/19/2015	Date of Injury:	08/06/2011
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 8/6/2011. The current diagnoses are herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and lumbar facet arthropathy. According to the progress report dated 5/11/2015, the injured worker complains of pins and needles pain across his low back with radiation down his anterior/posterior aspect of his right leg. He does report pins and needles pain into his right foot and first digit. Additionally, he states that his right leg is weak, and at times, feels like it does not want to hold him up. The pain is rated 6/10 on a subjective pain scale. The physical examination of the lumbar spine reveals diffuse tenderness to palpation over the spine and bilateral paraspinal muscles, restricted and painful range of motion, decreased sensation to light touch and pinprick over the left L5 and S1, and diminished patellar and Achilles reflexes bilaterally. The straight leg raise test on the right side causes numbness in the right leg to the level of his toes. The straight leg raise test on the left causes pain in the back. The current medications are Ultracet, Relafen, Flexeril, Prilosec, and Lidopro cream. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, chiropractic, and electrodiagnostic testing. The plan of care includes prescriptions for Tramadol, Nabumetone, Cyclobenzaprine, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Tramadol 375/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, this review regarding tramadol use was not fully completed in the recent notes provided for review. In particular no reference to specific functional gains directly related to tramadol use was seen in the notes. Also, records suggested that only "minimal" benefit was seen with tramadol use in the past. It is not clear that tramadol is providing the functional benefits it should in order to justify continuation. Therefore, the request for tramadol is not medically necessary. Weaning is recommended if discontinuing.

60 tablets of Nabumetone 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, chronic use of NSAIDs was evidenced by this and other NSAIDs being listed in the current medications in the previous notes provided for review. There was no clear report found suggesting specific functional gains directly related to the ongoing use of nabumetone. Therefore, since this medication is indicated only for short-term use, this medication will be regarded as not medically necessary at this time.

60 tablets of Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was chronic regular use of cyclobenzaprine leading up to this request for continuation, which is not recommended for this drug class. Also, there was no evidence of muscle spasm or evidence of functional gains directly related to this medication to help justify its ongoing use. Therefore, it is not medically necessary at this time.

60 Capsules of Omeprazole 20 mg: Upheld

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, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient history provided which suggested this worker was at an elevated risk for gastrointestinal events to justify ongoing use of omeprazole. Also, considering NSAIDs would not be appropriate for chronic use for this worker, the omeprazole would also not be necessary.