

Case Number:	CM15-0118289		
Date Assigned:	07/01/2015	Date of Injury:	08/25/2005
Decision Date:	08/18/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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: Anesthesiology

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 68-year-old male who sustained an industrial injury on 08/25/2005. Current diagnoses include acquired spondylolisthesis, lumbar spondylosis, and sprain lumbar region. Previous treatments included medications, lumbar surgery in 2008, and home exercise program. Report dated 05/11/2015 noted that the injured worker presented with complaints that included increasing low back pain with no leg symptoms. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the lumbar spine and spasm. The treatment plan included continuing home exercise program and medications, dispensed medications, and follow up in 12 weeks. The injured worker is permanent & stationary. Disputed treatments include Flexeril 7.5mg #90 x 2 refills, Voltaren 100mg #60 x 2 refills, Protonix 20mg #60 x 2 refills, and Ultram 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63, 64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." The medication has its greatest effect in the first four days of treatment. It is not recommended for the long-term treatment of chronic pain. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Voltaren 100mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The MTUS chronic pain medical treatment guidelines have specific recommendations for oral non-steroidal anti-inflammatory drugs (NSAIDs). They are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. Voltaren is a non-steroidal anti-inflammatory drug (NSAID). In this case, the injured worker has been prescribed Voltaren for longer than 6 months. There was no documentation of subjective or objective functional improvement. Therefore, the request for Voltaren 100mg #60 x 2 refills is not medical necessary.

Protonix 20mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of non-steroidal anti-inflammatory drugs (NSAID's). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID's. . In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Voltaren was not found to be medically necessary, which would mean that the Protonix would not appear to be medically necessary for this patient. Medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Ultram 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids, long-term assessment, Opioids specific drug list- Tramadol (Ultram) Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.