

Case Number:	CM15-0118821		
Date Assigned:	06/29/2015	Date of Injury:	02/15/2014
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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

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 43 year old female, who sustained an industrial injury on 2/15/14. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc protrusion L3-L4, L4-L5, L5-S1; lumbar spondylosis. Treatment to date has included chiropractic therapy; physical therapy; urine drug screening; LSO brace; medications. Diagnostics included EMG/NCV lower extremities (10/24/14). Currently, the PR-2 notes dated 4/23/15 indicated the injured worker was there as a follow-up consultation. The back pain is rated 8/10 with the left greater than the right lower extremity symptoms. Recalls frequent inability to adhere to recommended exercise regime without medications on board due to pain. Now maintained with medications and tolerance to activity and function have improved at current dosing of Tramadol ER 300mg a day and Cyclobenzaprine. There is tenderness to the lumbar spine and range of motion is normal. She has been diagnosed with lumbar disc protrusion L3-L4, L4-L5, L5-S1; lumbar spondylosis. An EMG/NCV study of the lower extremities was reported as unremarkable for nerve damage. The provider documents she failed physical therapy for the lumbar spine and is encouraged to do home exercise program. He discussed pain management with the injured worker and has requested authorization of retrospective Naproxen 550mg #90; Pantoprazole 20mg #90; Cyclobenzaprine 7.5mg #90 and Tramadol 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in the low back with lower extremity pain, right greater than left. The pain is rated an 8/10. The request is for Naproxen 550mg #90. There is no RFA provided and the patient's date of injury is 02/15/14. The diagnosis includes lumbar disc protrusion at L3-L4, L4-L5, L5-S1 and lumbar spondylosis. Treatments to date have included chiropractic therapy, physical therapy, LSO brace and medications. Current medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per 04/23/15 report, treater states, "Dispensed Naproxen 550mg #90. The patient has failed other "first line" NSAID including IB diclofenac sodium, and ASA, and cox-2 drug trials were non-efficacious as they provided no relief. With Naproxen, there is an additional 2 point decrease in pain." Treater notes improvements in ADL's with medications, including "light household duties, shopping for groceries, grooming and cooking." Given the patient's chronic pain, and functional benefit from use of oral NSAID, the request for Naproxen is medically necessary.

Retro: Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in the low back with lower extremity pain, right greater than left. The pain is rated an 8/10. The request is for Pantoprazole 20mg #90. There is no RFA provided and the patient's date of injury is 02/15/14. The diagnosis includes lumbar disc protrusion at L3-L4, L4-L5, L5-S1 and lumbar spondylosis. Treatments to date have included chiropractic therapy, physical therapy, LSO brace and medications. Current medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton

pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per 04/23/15 report, treater states, "The patient is at intermediate risk for development and adverse GI events provided GI history. Therefore, PPI dispensed in compliance with updated guidelines to minimize potential for adverse GI events." The patient is currently taking an NSAID, three times daily. The concurrent use of a PPI as a prophylactic measure is supported by guidelines as medically appropriate. Therefore, the request is medically necessary.

Retro: Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

Decision rationale: The patient presents with pain in the low back with lower extremity pain, right greater than left. The pain is rated an 8/10. The request is for Cyclobenzaprine 7.5mg #90. There is no RFA provided and the patient's date of injury is 02/15/14. The diagnosis includes lumbar disc protrusion at L3-L4, L4-L5, L5-S1 and lumbar spondylosis. Treatments to date have included chiropractic therapy, physical therapy, LSO brace and medications. Current medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per 04/23/15 report, treater prescribed "Cyclobenzaprine to be taken three times daily, as needed for muscle spasm." After review of the provided medical report, Cyclobenzaprine was first mentioned on the 03/28/15 progress report. The treater states, "Cyclobenzaprine decreases spasms for approximately 4-6 hours and provides an additional decrease in pain level at an average 3-4 points on a scale of 10." MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. The request for 90 tablets indicates 4 weeks of use and exceeds guidelines. Therefore, the request is not medically necessary.

Retro: Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Criteria for use of Opioids Page(s): 113, 76-78, 88-89.

Decision rationale: The patient presents with pain in the low back with lower extremity pain, right greater than left. The pain is rated an 8/10. The request is for Tramadol 150mg #60. There is no RFA provided and the patient's date of injury is 02/15/14. The diagnosis includes lumbar disc protrusion at L3-L4, L4-L5, L5-S1 and lumbar spondylosis. Treatments to date have included chiropractic therapy, physical therapy, LSO brace and medications. Current medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per provided medical records, the patient has been prescribed Tramadol at least since 12/04/14. Norco was discontinued on 01/15/15 due to the adverse effect of nausea. The documentation shows Tramadol allows the patient to perform ADL's, such as, "light household duties, shopping for groceries, grooming and cooking." The treater reports Tramadol decreases the pain from an 8/10 to a 6/10, with no adverse effects. The most recent urine drug screen is dated 12/04/14 and is consistent with the prescribed medication. In this case, the treater has properly discussed the 4A's as per MTUS and the request for Tramadol is medically necessary.