

Case Number:	CM15-0127827		
Date Assigned:	07/14/2015	Date of Injury:	03/17/2014
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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 32 year old male, who sustained an industrial injury on 3/17/14. The injured worker was diagnosed as having post traumatic headaches/cervicogenic headaches, right rib fractures, left T9 transverse process fracture, cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, and degenerative disc disease. Treatment to date has included epidural steroid injections, TENS, a home exercise program, and medication. On 6/11/15 pain was rated as 7/10 without medication and 8/10 without medication. The injured worker had been taking Ultram ER, Anaprox DS, and Fexmid since at least 3/17/15 and Prilosec since at least 6/11/15. Currently, the injured worker complains of neck pain, low back pain, headaches, dizziness, decreased sleep, and decreased concentration. The treating physician requested authorization for Ultram ER 150mg #30, Anaprox DS #60, Prilosec 20mg #30, and Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Tramadol 150mg) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with neck pain, rated 7-8/10, headaches, decreased sleep, decreased concentration, nausea and depression. The request is for ULTRAM UR (TRAMADOL 150 MG) # 30. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation and spasms over the cervical paraspinals, extending into the trapezius and rhomboid muscles bilaterally. Axial head compression and Spurling tests were positive bilaterally. Tenderness was noted over the cervical facets at the C4 through C7 levels. Patient's treatments have included medications, image studies, physical therapy, chiropractic treatments, cervical ESI, rest, and home exercise program without benefits. Per 02/19/15 progress report, patient's diagnosis include history of concussion, post-traumatic headache/cervicogenic, headaches, post right rib fracture (7th, 8th and 9th) and left T9, transverse process fracture, cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, large left disc protrusion flattening the thecal sac with moderate canal stenosis at C5-C6 per MRI scan dated March 17 2014, and stress, depression and fear of heights, defer to [REDACTED]. Patient's medications, per 03/17/15 progress report include Ultram, Anaprox and Fexmid. Patient's work status is modified duties. 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. 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. Patient has received prescriptions for Ultram (Tramadol) from 01/20/15 and 07/30/15. In this case, treater has not discussed how Ultram decreases pain and significantly improves patient's activities of daily living. UDS test results dated 01/21/15 and 04/20/15 are consistent with patient's medications. However, there are no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Anaprox DS (Naproxen 550mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The request is for ANAPROX DS (NAPROXEN 550 MG) # 60. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation and spasms over the cervical paraspinals, extending into the trapezius and rhomboid muscles bilaterally. Axial head compression and Spurling tests were positive bilaterally. Tenderness was noted over the cervical facets at the C4 through C7 levels. Patient's treatments have included medications, image studies, physical therapy, chiropractic treatments, cervical ESI, rest, and home exercise program without benefits. Per 02/19/15 progress report, patient's diagnosis include history of concussion, post-traumatic headache/cervicogenic, headaches, post right rib fracture (7th, 8th and 9th) and left T9, transverse process fracture, cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, large left disc protrusion flattening the thecal sac with moderate canal stenosis at C5-C6 per MRI scan dated March 17 2014, and stress, depression and fear of heights, defer to [REDACTED]. Patient's medications, per 03/17/15 progress report include Ultram, Anaprox and Fexmid. Patient's work status is modified duties. 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 anti-depressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Treater does not discuss this request. Patient has received prescriptions for Anaprox from 01/20/15 and 07/30/15. In this case, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request for refill of Anaprox IS NOT medically necessary.

Prilosec (Omeprazole 20mg) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI).

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

Decision rationale: The request is for PRILOSEC (OMEPRAZOLE 20 MG) # 30. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation and spasms over the cervical paraspinals, extending into the trapezius and rhomboid muscles bilaterally. Axial head compression and Spurling tests were positive bilaterally. Tenderness was noted over the cervical facets at the C4 through C7 levels. Patient's treatments have included medications, image studies, physical therapy, chiropractic treatments, cervical ESI, rest, and home exercise program without benefits. Per 02/19/15 progress report, patient's diagnosis include history of concussion, post-traumatic headache/cervicogenic, headaches, post right rib fracture (7th, 8th and 9th) and left T9, transverse process fracture, cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, large left disc protrusion flattening the thecal sac with moderate canal stenosis at C5-C6 per MRI scan dated March 17 2014, and stress, depression and

fear of heights, defer to [REDACTED]. Patient's medications, per 03/17/15 progress report include Ultram, Anaprox and Fexmid. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Treater has not discussed this request. Patient has been prescribed Prilosec on 04/19/15 and 07/30/15. However, in review of the medical records provided, the treater does not specifically discuss any GI symptoms. Patient has been prescribed an NSAID (Anaprox) from 01/20/15 and 07/30/15. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.

Fexmid (Cyclobenzaprine 7.5mg) #60: Upheld

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

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

Decision rationale: The request is for FLEXMID (CYCLOBENZAPRINE 7.5 MG) # 60. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation and spasms over the cervical paraspinals, extending into the trapezius and rhomboid muscles bilaterally. Axial head compression and Spurling tests were positive bilaterally. Tenderness was noted over the cervical facets at the C4 through C7 levels. Patient's treatments have included medications, image studies, physical therapy, chiropractic treatments, cervical ESI, rest, and home exercise program without benefits. Per 02/19/15 progress report, patient's diagnosis include history of concussion, post-traumatic headache/cervicogenic, headaches, post right rib fracture (7th, 8th and 9th) and left T9, transverse process fracture, cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, large left disc protrusion flattening the thecal sac with moderate canal stenosis at C5-C6 per MRI scan dated March 17 2014, and stress, depression and fear of heights, defer to [REDACTED]. Patient's medications, per 03/17/15 progress report include Ultram, Anaprox and Fexmid. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." Treater has not discussed this request. Patient has been prescribed Fexmid on 03/17/15 and 07/30/15. UR letter dated 06/24/15 as modified the request from # 60 to # 42. MTUS Guidelines do not recommend use of Fexmid (Cyclobenzaprine) for longer than 2 to 3 weeks, and the requested 60 tablets does not imply short duration therapy.

Therefore, the request IS NOT medically necessary.