

Case Number:	CM15-0173341		
Date Assigned:	09/15/2015	Date of Injury:	09/19/2013
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California
 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 52 year old male, who sustained an industrial injury on 09-18-2013. He has reported injury to the low back. The diagnoses have included chronic severe back pain; lumbar disc displacement without myelopathy; lumbar-lumbosacral disc degeneration; and status post anterior lumbar interbody fusion L4-5, on 04-28-2015. Treatment to date has included medications, diagnostics, physical therapy, lumbar epidural steroid injection, and surgical intervention. Medications have included Norco, Tramadol, Cyclobenzaprine, and Pantoprazole. A progress report from the treating physician, dated 08-05-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; and the pain is rated at 5 out of 10 in intensity. Objective findings have included wound healed; calves soft and non-tender; neuro within normal limits lower extremities; and x-ray shows good position of hardware L4-5. The treatment plan has included the request for Cyclobenzaprine 7.5mg #90, one refill; Pantoprazole Sodium 20mg #60, two refills; and Tramadol 50mg #60, two refills. The original utilization review, dated 08-21-2015, non-certified a request for Cyclobenzaprine 7.5mg #90, one refill; Pantoprazole Sodium 20mg #60, two refills; and Tramadol 50mg #60, two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 390, one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids. Continued use of Flexeril (Cyclobenzaprine) with 1 additional refill is not medically necessary.

Pantoprazole Sodium 20mg #60, two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on Omeprazole for several months. Therefore, the continued use of Omeprazole with need for 2 refills cannot be justified and is not medically necessary.

Tramadol 50mg #60, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Norco for several months prior. No one opioid is superior to another. There was no mention of Tylenol, Tricyclic or NSAID failure. Future pain response cannot be determined. The continued use of Tramadol with 2 additional refills as above is not medically necessary.