MAXIMUS Federal Services

Case Number:	CM15-0176097		
Date Assigned:	09/17/2015	Date of Injury:	12/26/2010
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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 53 year old female, who sustained an industrial injury on 12/26/2010. She has reported subsequent neck, back, bilateral upper extremity and bilateral lower extremity pain and was diagnosed with chronic myofascial pain syndrome of the cervical and thoracolumbar spine, left C5 and C6 radiculopathy, bilateral carpal tunnel syndrome, left ulnar nerve entrapment at the left elbow, left L5 radiculopathy, arthritis of bilateral metacarpophalangeal joints and non-steroid anti-inflammatory drug (NSAID) induced gastritis. Electrodiagnostic studies of the bilateral lower extremities on 03-28-2015 showed mild left L5 radiculopathy and early diabetic neuropathy. Treatment to date has included oral pain medication, which was noted to provide very good pain relief, an epidural injection, trigger point injections, median nerve blocks, home exercise program and wrist and elbow braces. Documentation shows that Tramadol, Omeprazole and Flexeril were prescribed since at least 02-19-2015. In a progress note dated 06-30-2015, the injured worker reported neck, low back and bilateral lower extremity pain that was rated as 6-8 out of 10 without medication and 3 out of 10 with medication. The injured worker reported greater than 70-80% improvement in overall pain and function with the use of current medications. The injured worker noted that medication allowed her to perform activities of daily living including sitting, standing, bending, walking, bathing, cooking, sleeping and socializing with less discomfort. Objective examination findings showed slightly decreased range of motion of the cervical spine, moderate to markedly restricted range of motion of the lumbar spine, multiple myofascial trigger points and taut bands noted through the cervical, thoracic and lumbar paraspinal musculature and gluteal muscles, decreased range of motion of the bilateral shoulders with pain, pain with range of motion of the wrists,

tenderness of the medial epicondyle to palpation and positive neck compression test. The physician noted that Omeprazole was being requested for non-steroidal anti-inflammatory induced gastritis, Cyclobenzaprine was being requested for muscle spasms and Tramadol was being requested. The injured worker was noted to be off work. A request for authorization of Tramadol HCL ER 150mg BID, Prilosec 20mg BID and Flexeril 7.5mg BID was submitted. As per the utilization review on 08-18-2015, the requests for Tramadol HCL ER 150mg BID, Prilosec 20mg BID and Flexeril 7.5mg BID were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg BID: 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, 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, there was no mention of Tylenol, Tricyclic or weaning failure. The claimant had been on the maximum dose. Recent progress notes did not indicate pain score reduction with its use. Chronic use is not recommended. The continued use of Tramadol ER as above is not medically necessary.

Prilosec 20mg BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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, Prilosec 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 anti-platelet use that would place the claimant at risk. In this case, the Prilosec was use for NSAID induced gastritis but the claimant was no longer on NSAIDS. Therefore, the continued and chronic use of Prilosec is not medically necessary.

Flexeril 7.5mg BID: 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 at least 5 l months in combination with opioids and NSAIDS. Although there was mention of stopping it in the future and weaning, this should have be done after the 1st few weeks of use. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.