

Case Number:	CM15-0178908		
Date Assigned:	09/21/2015	Date of Injury:	07/26/2006
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial injury on July 26, 2006, incurring low back injuries. He was diagnosed with lumbago, lumbar degenerative disc disease, lumbar radiculopathy and sciatica. Treatment included pain medications, proton pump inhibitor, muscle relaxants, massage therapy, transcutaneous electrical stimulation unit, epidural steroid injection, chiropractic sessions, back brace, and modified activities. He complained of constant low back pain radiating to the left buttocks, thigh and calf with his leg occasionally giving way. A lumbar Magnetic Resonance Imaging dated June 10, 2011 revealed a broad based protrusion compressing on the nerve root. Currently, the injured worker complained of persistent low back pain rated 8 out of 10 on a pain scale of 1 to 10. Upon examination, he was noted to have diffuse muscle spasms and tenderness of the cervical and lumbar regions. The pain was aggravated by almost any movement, changing positions, lifting, pulling pushing, carrying, sitting walking, and climbing stairs. His symptoms were reduced with medications, chiropractic sessions, physical therapy and massage therapy. The treatment plan that was requested for authorization on September 11, 2015, included prescriptions for Tramadol 50mg, #90; Norco 10-325 mg, #90; Aciphex 20 mg, #30 and Skelaxin 800 mg, #90. On August 28, 2015, a request for a prescription for Tramadol 50 mg #90 was modified to Tramadol 50 mg #19; a request for a prescription for Norco 10-325 mg #90 was modified to Norco 10-325 mg #19; and a request for prescription for Aciphex and Skelaxin was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 90: 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.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tramadol 50 mg Qty 90 is not medically necessary.

Norco 10/325 mg Qty 90: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325 mg Qty 90 is not medically necessary.

Aciphex 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton Pump Inhibitors (PPIs).

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

Decision rationale: Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a

clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Aciphex 20 mg Qty 30 is not medically necessary.

Skelaxin 800 mg Qty 90: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Skelaxin 800 mg Qty 90 is not medically necessary.