

Case Number:	CM15-0039459		
Date Assigned:	03/09/2015	Date of Injury:	06/18/2013
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old female, who sustained an industrial injury on 6/18/2013. She reports she sat on a chair and fell backwards, landing on her back. Diagnoses include cervicgia, lumbago, bilateral carpal tunnel syndrome and joint pain. Treatments to date include physical therapy and medications management. A progress note from the treating provider dated 1/16/2015 indicates the injured worker reported constant low back pain that radiates to the bilateral lower extremities and pain in the bilateral wrist/hand and thumb. The pain score was rated at 4-6/10 on a scale of 0 to 10. There were objective findings of guarding with decreased range of motion of the lumbar spine but the no motor or sensory deficit. The medications listed are Lunesta, Fenoprofen, Omeprazole, Cyclobenzaprine and Tramadol. A Utilization Review determination was rendered recommending non-certification for Fenoprofen 400mg #120, Omeprazole 20mg #120, Cyclobenzaprine HCL 7.5mg #120 and Tramadol ER 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg #120, (1) pill 3 times a day inflammatory pain:

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Back Pain, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal adverse effects. The records indicate efficacy and functional restoration with the use of NSAIDs. The patient is utilizing the lowest possible dose for the shortest periods only when necessary. There is no documentation of adverse effects. The criteria for the use of Fenoprofen 400mg tid #120 as needed was met.

Omeprazole 20mg #120, (1) by mouth every 12 hours as needed upset stomach: Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease. The chronic use of NSAIDs can be associated with gastrointestinal adverse effect. The incidence is increased in the elderly and patients with a past history of gastrointestinal disease. The records indicate efficacy and functional restoration with the use of NSAIDs. The patient is utilizing the lowest possible dose for the shortest periods only when necessary. There is no documentation of adverse effects. The criteria for the use of Omeprazole 20mg #120 was met.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120, (1) by mouth every 8 hours as needed pain and spasm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized

Cyclobenzaprine longer than the guidelines recommended maximum period limitation of 4 to 6 weeks. The patient is also utilizing Opioids concurrently. There is no documentation of intractable recurrent muscle spasm that is responsive to treatment with muscle relaxants. The criteria for the use of Cyclobenzaprine HCL 7.5mg #120 was not met.

Tramadol ER 150mg #90, once a day as needed for severe pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of severe musculoskeletal pain when treatments with non opioids, PT and surgical options have failed. The records indicate that the patient have completed surgical options and PT. The use of Tramadol is associated with less opioids associated adverse effects including dependency and addiction than pure opioid agonists. There is documentation of guidelines required compliance monitoring and functional restoration with the use of Tramadol. There is no documentation of aberrant behavior or adverse effect associated with the use of the Tramadol. The criteria for the use of Tramadol ER 150mg #90 was met.