

Case Number:	CM15-0061115		
Date Assigned:	04/16/2015	Date of Injury:	12/07/2012
Decision Date:	06/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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, Arizona
 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 49 year old male, who sustained an industrial injury on 12/07/2012. Diagnoses included cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, lumbar annular tear, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain, left knee sprain/strain and loss of sleep. Treatment to date has included medications, MRI of the cervical and lumbar spine, extracorporeal shockwave therapy, physical therapy, acupuncture and injections. The injured worker presented on 01/20/2015 for a follow-up evaluation with complaints of persistent pain in the cervical spine, lumbar spine, and left knee. Upon examination of the cervical spine, there was decreased and painful range of motion with tenderness to palpation and muscle spasm. Examination of the lumbar spine also revealed decreased and painful range of motion, tenderness to palpation, SI joint tenderness, and muscle spasm. Examination of the left knee revealed decreased and painful range of motion with tenderness over the anterior aspect of the knee. Treatment recommendations at that time included continuation of the current medication regimen and a new prescription for 2 compounded creams. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS Unknown) Anaprox 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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. Guidelines do not support long-term use of NSAIDs. There was also no frequency listed in the request. As such, the request is not medically necessary.

Retro (DOS Unknown) Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

Retro (DOS Unknown) Tramadol 37.5-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. The injured worker continuous to report high levels of pain over multiple areas of the body. There is also no frequency listed in the request. As such, the request is not medically necessary.

Retro (DOS Unknown) Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations.

Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. Despite the ongoing use of this medication, the physician documented palpable muscle spasm in the cervical spine and lumbar spine upon examination. There is no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically necessary.