

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0061688 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 08/11/2008 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 62 year old male with an industrial injury 08/11/2008. His diagnosis is discogenic lumbar condition with at least two-level disc disease. Prior treatments include TENS unit, hot and cold wrap, diagnostics to include MRI of lumbar spine and medications. Physical exam showed tenderness across the lumbar paraspinal muscles, pain along facet and pain with facet loading. The injured worker states he receives about 50% pain relief with medications. The plan of treatment included continuing medications, diagnostics (repeat MRI of lumbar spine) and referral to another provider for possible injection of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flexeril 7.5 mg Qty 60 1159f: Upheld

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

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

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 Norco. Long-term use is not indicated and not medically necessary.

Retro Protonix 20 mg Qty 60 1159f: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: According to the MTUS guidelines, Protonix 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 was on the medication for an "upset stomach." Therefore, the continued use of Protonix is not medically necessary.

Retro Tramadol ER (extended release) 150 mg Qty 60 1159f: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

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's pain was noted to be controlled with Norco 2 months prior. No one opioid is superior to another. There was no indication of Tylenol failure. Long-term use of opioids is not medically necessary. The claimant was prescribed the highest dose allowable by the guidelines without indication of titrated use. The addition of Tramadol to Norco indicates development of tolerance to medication. The continued use of Tramadol ER as above is not medically necessary.