

Case Number:	CM15-0063219		
Date Assigned:	04/09/2015	Date of Injury:	08/25/2010
Decision Date:	06/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old female, who sustained an industrial injury on 08/25/2010. The diagnoses have included lumbago, carpal tunnel syndrome, chronic gastroesophageal reflux disease and cervicalgia. On provider visit dated 01/26/2015 the injured worker has reported low back pain, constant bilateral wrist /hand pain and cervical spine pain. On examination of the cervical spine there was noted tenderness to palpation and spasms, limited range of motion due to pain, and subjective numbness and tingling into the forearm and hand. Lumbar spine examination revealed palpable paravertebral muscle tenderness with spasm and restricted range of motion due to guarding. Wrist/hand examination revealed tenderness over the volar aspect of the wrist, positive Palmer compression test, Positive Tinel's sign and positive Phalen's maneuver. Range of motion was noted to be full but painful. Treatment to date has included GI consultation and medication. The provider requested Fenoprofen Calcium 400 mg Qty 120, Omeprazole 20 mg Qty 120, Enzaprine Hydrochloride 7.5 mg Qty 120, and Tramadol ER (extended release) 150 mg Qty 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The 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. The guidelines do not support long-term use of NSAIDs. There is also no evidence of objective functional improvement. In addition, the request as submitted failed to indicate the specific frequency of the medication. Given the above, the request is not medically necessary.

Omeprazole 20 mg Qty 120: 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 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 appropriate.

Cyclobenzaprine Hydrochloride 7.5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: The 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 medications since at least 12/2014. There was no documentation of objective functional improvement. The injured worker continues to demonstrate palpable muscle spasm upon examination. Guidelines do not support long-term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.

Tramadol ER (extended release) 150 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid 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 continuously utilized the above medication since at least 12/2014. There is no documentation of objective functional improvement. The injured worker continues to present with 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.