

Case Number:	CM15-0063321		
Date Assigned:	04/09/2015	Date of Injury:	03/21/1997
Decision Date:	06/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 62 year old male, who sustained an industrial injury on 03/21/1997. The mechanism of injury was not provided. He has reported injury to the neck and low back. The diagnoses have included lumbago and brachial neuritis. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Nalfon, Omeprazole, Cyclobenzaprine, Norco, and Tramadol. A progress note from the treating physician, dated 02/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of frequent pain in the cervical spine with radiation of pain into the upper extremities; associated migrainous headaches; constant low back pain with radiation of pain into the lower extremities; and pain is rated at 8/10 on the visual analog scale. The medications were noted to be helpful and the injured worker was benefiting from them. The injured worker was taking the medications as prescribed and they were improving the injured worker's activities of daily living and making it possible for him to continue working and/or maintain activities of daily living. Objective findings included palpable paravertebral muscle tenderness of the lumbar spine with spasm; range of motion is guarded and restricted; palpable paravertebral muscle tenderness of the cervical spine with spasm; and range of motion is limited by pain. The treatment plan has included the request for prescription medications: Nalfon 400 mg quantity 120; Omeprazole 20 mg quantity 120; Cyclobenzaprine 7.5 mg quantity 120; and Tramadol 150 mg quantity 90. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, table 8-5, 287-288, 299 table 12-5.

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation of an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nalfon 400 mg QTY: 120 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was prescribed the medication for an extended duration of time. The efficacy was not provided. Additionally, as the request for Nalfon was found to be not medically necessary, omeprazole would not be medically necessary. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg QTY: 120 is not medically necessary.

Cyclobenzaprine 76.5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41-42, 63-64.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The documentation indicated the injured worker had utilized the medication for an extended duration of time. The dosage as requested was 76.5 mg and the medication does not come in 76.5 mg; it comes in 5 mg, 7.5 mg, or 10 mg. This was not a basis for determination. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 76.5 mg QTY: 120 is not medically necessary.

Tramadol 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. Given the above, the request for tramadol 150 mg QTY: 90 is not medically necessary.