

Case Number:	CM15-0064546		
Date Assigned:	04/10/2015	Date of Injury:	09/04/2014
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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 (IW) is a 64-year-old male who sustained an industrial injury on 09/04/2014. The mechanism of injury was not provided. Diagnoses rule out lumbar intradiscal component and rule out lumbar radiculopathy. Treatment to date has included medications, TENS, bracing and physical therapy. According to the progress notes dated 2/5/15, the IW reported low back pain with right lower extremity symptoms, rated 7/10. He reported activities of daily living are easier since medication began. The injured worker indicated ADLs are maintained with medication including grocery shopping, essential household duties, and caring for himself. The injured worker indicated that the tramadol ER facilitated a decrease in 5 points in pain level which was activity dependent. The use of NSAIDs decrease the pain by 3 points. The injured worker's spasms were refractory to physical therapy, activity modification, stretching, TENS, home exercises, cold, and heat and the cyclobenzaprine at the current dosing gave a significant diminution in spasms. The pantoprazole was noted to produce no GI upset at 3 times a day. At every day and twice a day dosing, the injured worker had GI upset. The injured worker denied side effects. A retrospective request was made for Anaprox 550mg #90, Protonix 20MG #90, Tramadol 150MG #60 and Cyclobenzaprine 7.5 MG #90 for the date of service 2/5/15, as these medications have eliminated the need for opioid medications, have remedied his GI upset and decreased pain while they increased function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Anaprox 550mg #90 (DOS: 2/5/15): Upheld

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

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 benefit and an objective decrease in pain, which would support the use of the medication. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the Retrospective request for Anaprox 550mg #90 (DOS: 2/5/15) is not medically necessary.

Retrospective request for Protonix 20mg #90 (DOS: 2/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and 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 medication was efficacious at 3 times a day dosing, which would support the use of the medication. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Protonix 20mg #90 (DOS: 2/5/15) is not medically necessary.

Retrospective request for Tramadol 150mg #60 (DOS: 2/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

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 indicated the injured worker had

objective functional improvement and an objective decrease in pain. There was documentation the injured worker was being monitored for side effects. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Tramadol 150mg #60 (DOS: 2/5/15) is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 2/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 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 indicated the injured worker had objective functional improvement with the use of the medication. However, as it has been utilized for an extended duration of time, this medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 2/5/15) is not medically necessary.