

Case Number:	CM15-0066652		
Date Assigned:	04/14/2015	Date of Injury:	01/24/2015
Decision Date:	05/19/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/07/2015

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: Internal 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 33-year-old male, who sustained an industrial injury on 01/24/2015. He has reported injury to the neck and low back. The diagnoses have included cervical spine musculoligamentous sprain/strain; and lumbar spine musculoligamentous sprain/strain with left sacroiliac joint sprain. Treatment to date has included medications and diagnostics. Medications have included Ketoprofen and Orphenadrine. A report from the treating provider, dated 01/28/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain and low back pain. Objective findings included tenderness to palpation of the cervical spine with muscle spasm present over the paraspinal musculature and upper trapezius muscles bilaterally; tenderness to palpation of the lumbar spine with muscle spasm present over the paraspinal musculature bilaterally; and tenderness to palpation over the left sacroiliac joint. The treatment plan has included the request for prescription medications: Ultram, Fexmid, and Anaprox DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG 1 TAB PO Q6H PRN PAIN #120,: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. The doctor's first report of occupational injury dated 1/25/15 documented the diagnoses of cervical spine musculoligamentous sprain and strain, lumbar spine musculoligamentous sprain and strain, and left sacroiliac joint sprain. The date of injury was 1/25/15. The mechanism of injury was falling. The patient reported neck pain and low back pain. Physical examination demonstrated tenderness on the cervical and lumbar spine. The patient reported an acute injury and complaints of neck and low back pain. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol is medically necessary.

FEXMID 1 TAB PO BID FOR SPASM #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Decision based on Non-MTUS Citation FDA Prescribing Information Fexmid (Cyclobenzaprine) <http://www.drugs.com/pro/fexmid.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. Cyclobenzaprine is a skeletal muscle relaxant. FDA Prescribing Information documents that Fexmid (Cyclobenzaprine) is indicated as for relief of muscle spasm associated with acute, painful musculoskeletal conditions. The doctor's first report of occupational injury dated 1/25/15 documented the diagnoses of cervical spine musculoligamentous sprain and strain, lumbar spine musculoligamentous sprain and strain, and left sacroiliac joint sprain. The date of injury was 1/25/15. Physical examination demonstrated tenderness and muscle spasm. FDA Prescribing Information documents that Fexmid (Cyclobenzaprine) is indicated as for relief of muscle spasm associated with acute, painful musculoskeletal conditions. The doctor's first report documented acute painful musculoskeletal conditions with muscle spasm. MTUS indicates that Cyclobenzaprine is recommended as an option. FDA and MTUS guidelines support the request for Fexmid (Cyclobenzaprine). Therefore, the request for Fexmid (Cyclobenzaprine) is medically necessary.

ANAPROX DS 1 TAB PO BID FOR PAIN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The doctor's first report of occupational injury dated 1/25/15 documented an elevated blood pressure 143/101. Weight was 300 pounds. Height was 5 feet 7 inches. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Because the patient had an elevated bloods pressure, the request for the NSAID Anaprox-DS (naproxen) is not supported by MTUS guidelines. Therefore, the request for Anaprox (Naproxen) is not medically necessary.