MAXIMUS Federal Services

Case Number:	CM15-0067693		
Date Assigned:	04/15/2015	Date of Injury:	01/22/2010
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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: Pennsylvania
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:

This 60 year old woman sustained an industrial injury on 1/22/2010. Diagnoses include lumbago, cervicalgia, and depression. Treatment has included physical therapy, chiropractic treatment, lumbar epidural steroid injections, lumbar brace, and medications. Celebrex, Vicodin, valium, soma, tramadol, and naproxen were prescribed in 2010. In March 2011, reflux secondary to motrin and Naprosyn were noted, and omeprazole was prescribed. Cyclobenzaprine was prescribed in 2012. Physician notes on a PR-2 dated 1/29/2015 note the injured worker had constant cervical spine and low back pain with associated headaches rated 7-8/10. Cervical spine pain was noted to be unchanged and low back pain was noted to be worsening. Examination showed cervical paravertebral muscle tenderness and spasm, positive axial loading compression test and Spurling's maneuver, limited range of motion, numbness in the C5 and C6 dermatomes, and normal strength; lumbar spine with paravertebral muscle tenderness and spasm, positive seated nerve root test, restricted range of motion, and normal strength and sensation. Medications were noted to help in curing and relieving the injured worker's symptomatology, improving activities of daily living, and making it possible for the injured worker to continue working and/or maintain activities of daily living. Work status was noted as modified work. Recommendations include continuing the current medication regimen, pain management consultation, electromyogram/nerve conduction studies of the bilateral upper and lower extremities, MRI of the lumbar spine, internal medicine consultation, and psychology consultation. On 3/12/15, Utilization Review (UR) non-certified requests for fenoprofen calcium

400 mg #120, omeprazole 20 mg #120 and cyclobenzaprine 7.5 mg #120, and modified requests for cyclobenzaprine 7.5 mg #120 and tramadol ER 150 mg #90. UR cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENOPROFEN CALCIUM 400MG #120: 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): 67-73.

Decision rationale: This injured worker has chronic back and neck pain. She has been prescribed NSAIDS for several years. It was noted that NSAIDS caused reflux and gastropathy. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No results of laboratory testing were submitted. The documentation noted work restrictions, and noted that medications as a group improved activities of daily living and allowed the injured worker to continue working and/or maintain activities of daily living, but specific activities of daily living were not discussed. There was no documentation of improvement in work restrictions or decrease in medication use as a result of use of fenoprofen. Due to length of use of NSAIDS not in accordance with the guidelines, lack of specific documentation of functional improvement, and potential for toxicity, the request for fenoprofen calcium is not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed fenoprofen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. PPIs have been prescribed for several years. The documentation notes that the injured worker had reflux secondary to prior NSAID use, but no current GI signs or symptoms were discussed, and no recent examination of the abdomen was documented. Due to lack of specific indication and potential for toxicity, the request for omeprazole is not medically necessary.

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42muscle relaxants p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Cyclobenazprine has been prescribed for years. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. The documentation noted work restrictions, and noted that medications as a group improved activities of daily living and allowed the injured worker to continue working and/or maintain activities of daily living, but specific activities of daily living were not discussed. There was no documentation of improvement in work restrictions or decrease in medication use as a result of use of cyclobenzaprine. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, AMmrix) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional medications. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use not in accordance with the guidelines, and lack of documentation of functional improvement as a specific result of use of cyclobenzaprine, the request for cyclobenzaprine is not medically necessary.

TRAMADOL ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back and neck pain. She has been prescribed opioids, including tramadol, for several years. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed. There was no documentation of random drug testing or opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from use of tramadol. The documentation noted work restrictions, and noted that medications as a group improved activities of daily living and allowed the injured worker to continue working and/or maintain activities of daily living, but specific activities of daily living were not discussed. There was no documentation of improvement in work restrictions or decrease in medication use as a result of use of tramadol. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain, which was noted to be unchanged in the cervical spine and worsening in the low back. Change in specific activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.