MAXIMUS Federal Services

Case Number:	CM15-0067769		
Date Assigned:	04/15/2015	Date of Injury:	10/20/2012
Decision Date:	05/14/2015	UR Denial Date:	04/02/2015
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: New Jersey
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 10/20/12. He reported initial complaints of falling from a tree. The injured worker was diagnosed as having spasms of muscle; sprain of neck; other post-procedural status; esophageal reflux; thoracic spine post laminectomy syndrome; cervicalgia; chronic pain syndrome. Treatment to date has included X-rays Cervical, thoracic and lumbar spine (5/20/14). Currently, the PR-2 notes dated 2/9/15 indicated the injured worker complained of ongoing pain in his upper and mid back. He describes the pain as constant, throbbing and aching in nature. He rates the pain at 8/10 without medications. H states his pain increases with activity but decreases with medications and rest. He states his current medications are management his symptoms well. He is a status post thoracic laminectomy which the records do not include the date of this surgery. The discussion documented results in ongoing pain and symptomology to the cervical and thoracic spine. The treatment plan includes Tramadol with no refills, Flexeril with no refills and omeprazole for gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he was prescribed ibuprofen 800 mg and told to take it three times daily, which would be considered moderate dosage. Regardless, the use of NSAIDs for chronic pain is not recommended in general due to significant side effects. There was no indication that the worker had any history of gastrointestinal events or factors, which would have elevated his risk for events higher to warrant chronic use of omeprazole. Therefore, the request for omeprazole will not be considered medically necessary at this time.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although the provider stated in the notes that the "medications are managing his symptoms well," more detail is needed such as pain levels with compared to without Tramadol use (independent of other medication use), and specific functional gains directly related to the tramadol use, which was missing from the documentation. Therefore, the request for ongoing tramadol will not be considered medically necessary until this is provided for review.

Flexeril 10mg #30: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence that an acute flare of muscle spasm was the reason Flexeril was re-prescribed, but appeared rather to be a prescription for continued chronic use, which is not recommended. Therefore, the Flexeril will be considered medically unnecessary.