

Case Number:	CM15-0071177		
Date Assigned:	04/21/2015	Date of Injury:	01/11/2014
Decision Date:	06/23/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 46 year old female, who sustained an industrial injury on 1/11/14. She reported low back pain. The injured worker was diagnosed as having rule out intradiscal injury lumbar spine, lumbar radiculopathy and back pain. Treatment to date has included 16 sessions of chiropractic physiotherapy, 6 sessions of acupuncture, oral medications including ibuprofen, Tylenol, lumbar corset and home exercise program. Currently, the injured worker complains of stabbing pain in buttocks just above thighs rated 4/10. The injured worker states chiropractic treatments increased her pain, acupuncture provided no benefit and ibuprofen provided moderate pain relief. Physical exam noted decreased range of motion of lumbar spine and tenderness to palpation in bilateral lumbar paraspinal muscles and lumbar midline. The treatment plan included prescriptions for Relafen, Prilosec, Ultracet, Gabapentin and Capsaicin cream; (MRI) magnetic resonance imaging of lumbar spine and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. This patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Tramadol Acetaminophen 37.5/325mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultracet (Tramadol plus Acetaminophen), is not medically necessary or indicated for the treatment of the patient's chronic pain condition. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested medication has not been established. The requested treatment with Ultracet is not medically necessary.

Nabumetone 750mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of

inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Relafen is not medically necessary.

Compound Cream- CM4 Caps 05% and Cyclobenzaprine 4%, quantity unspecified:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical agent contains a muscle relaxant, Cyclobenzaprine. Cyclobenzaprine is not FDA approved for use as a topical application. Medical necessity for the requested topical analgesic has not been established. The requested medication is not medically necessary.