

Case Number:	CM15-0076353		
Date Assigned:	04/27/2015	Date of Injury:	04/21/2014
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
 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 37-year-old female, with a reported date of injury of 04/21/2014. The diagnoses include lumbar strain, lumbar disc herniation at L5-S1, and left lumbar radiculopathy. Treatments to date have included oral medications, physical therapy, an MRI of the lumbar spine, selective nerve root block for the lumbar spine, and x-rays of the lumbar spine. The progress report dated 04/01/2015 indicates that the injured worker's pain was about the same. It was noted that her leg pain was worse in the low back. The left lower extremity pain was not tolerable and was associated with numbness and tingling. Ultram helped her pain; she had relief of her spasms with Flexeril; and she continued to have reflux, which was reduced with the proton pump inhibitor. The objective findings include weakness in the bilateral upper and lower extremities, numbness on the left at the sacroiliac joint, decreased left ankle reflex, positive left straight leg raise test, an antalgic gait, positive lumbar tenderness and muscle spasms in the paraspinal musculature, and decreased lumbar spine range of motion. The treating physician requested Fexmid (cyclobenzaprine) 7.5mg #60, Ultram (tramadol) 150mg #60, and Protonix (pantoprazole) 20mg #60. It was noted that the pantoprazole was to be used as needed for GI protection due to non-steroidal anti-inflammatory drug use and history of gastritis with medications; the tramadol was to be used a long-acting, less addictive pain reliever in order to decrease the use of opiates; and cyclobenzaprine was to be used as needed for muscle spasms and for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg #60 (retrospective 04/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid (Flexeril) 7.5 mg #60 retrospective April 1, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are disc herniation L5 - S1 with evidence of lumbar instability; and lumbar strain. Subjectively, according to a progress note dated April 1, 2015, the injured worker complained of severe low back pain and leg pain. There is MRI evidence of a herniated disc. Ultram helps the pain. Flexeril helps spasms. Objectively, the documentation indicates lower extremities or weak 4/5 with numbness on the left S1. Straight leg raising is positive with an antalgic gait. The documentation shows Flexeril was prescribed by the treating provider as far back as November 17, 2014. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There was no documentation of an "acute" exacerbation of chronic low back pain. Additionally, the treating provider exceeded the recommended guidelines of less than two weeks by continuing Flexeril in excess of five months. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Flexeril use and documentation showing an acute exacerbation of chronic low back pain, Fexmid (Flexeril) 7.5 mg #60 retrospective April 1, 2015 is not medically necessary.

Ultram Tramadol HCL ER 150mg #60 (retrospective 04/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain; Opioids, criteria for use; Opioids for chronic pain Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram (Tramadol HCL ER) 150 mg #60 retrospective April 1, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be

indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are disc herniation L5 - S1 with evidence of lumbar instability; and lumbar strain. Subjectively, according to a progress note dated April 1, 2015, the injured worker complained of severe low back pain and leg pain. There is MRI evidence of a herniated disc. Ultram helps the pain. Flexeril helps spasms. Objectively, the documentation indicates lower extremities or weak 4/5 with numbness on the left S1. Straight leg raising is positive with an antalgic gait. Ultram was prescribed by the treating physician as far back as November 17, 2014. There was no documentation of objective functional improvement in subsequent progress notes. There was no attempt at weaning Ultram documented medical record. There were no risk assessments in the medical record. There were no detailed pain assessments. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Ultram with risk assessments and detail pain assessments, Ultram (Tramadol HCL ER) 150 mg #60 retrospective April 1, 2015 is not medically necessary.

Protonix Pantoprazole 20mg #60 (retrospective 04/01/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix (Pantoprazole) 20 mg #60 retrospective April 1, 2015 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are disc herniation L5 - S1 with evidence of lumbar instability; and lumbar strain. Subjectively, according to a progress note dated April 1, 2015, the injured worker complained of severe low back pain and leg pain. There is MRI evidence of a herniated disc. Ultram helps the pain. Flexeril helps spasms. Objectively, the documentation indicates lower extremities or weak 4/5 with numbness on the left S1. Straight leg raising is positive with an antalgic gait. The documentation shows Protonix was prescribed as far back as November 17, 2014. The injured worker was not taking non-steroidal anti-inflammatory drugs. The treating provider prescribed Protonix 20mg b.i.d. The correct dosing is Protonix 20mg po one per day. Additionally, there was no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. As noted above, the injured worker was not currently taking non-steroidal anti-inflammatory drugs. Consequently, absent clinical documentation with

risk factors or co-morbid conditions placing injured worker at risk for gastrointestinal events and incorrect dosing at Protonix (Pantoprazole) 20mg b.i.d., Protonix 20 mg #60 retrospective April 1, 2015 is not medically necessary.