

Case Number:	CM15-0077358		
Date Assigned:	06/01/2015	Date of Injury:	02/04/2013
Decision Date:	06/30/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on February 4, 2013. He reported neck pain with radicular symptoms into the right and left upper extremities and low back pain. The injured worker was diagnosed as having head trauma cerebral concussion, memory impairment, nasal bleeding, herniated cervical disc, herniated lumbar disc anxiety and depression. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain with upper extremity tingling and numbness and low back pain. He also reported anxiety and depression. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Magnetic resonance imaging of the cervical spine revealed disc herniations. Evaluation on January 30, 2015, revealed continued pain as noted with associated symptoms. Evaluation on April 27, 2015, revealed neck pain, headaches, back pain and radiating pain to the bilateral lower extremities. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 8-9.

Decision rationale: The patient presents on 04/27/15 with neck pain rated 8/10 and associated headaches, lower back pain rated 8/10, which radiates into the bilateral lower extremities. The patient's date of injury is 02/04/13. Patient is status post trigger point injections at an unspecified location in January 2015. The request is for Naproxen 550mg #120. The RFA is date 03/04/15. Physical examination dated 04/27/15 reveals tenderness to palpation of the lumbar spine, reduced grip strength in the right hand compared with the left (via JAMAR grip dynamometer), and reduced range of motion in the lumbar and cervical spine in all planes. The patient is currently prescribed Tramadol, Naproxen, Omeprazole, and Flexeril. Diagnostic imaging was not included. Patient is currently not working, is advised to remain off work until 06/11/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the continuation of Naproxen for this patient's chronic pain, the request is appropriate. Progress note dated 04/27/15 notes a reduction in pain from 9/10 to 6/10 attributed to medications and specific functional benefits, though does not specifically Naproxen. Given the conservative nature of NSAID medications, and the provided documentation of analgesia with functional improvements, continuation of this medication is substantiated. The request is medically necessary.

Flexeril 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The patient presents on 04/27/15 with neck pain rated 8/10 and associated headaches, lower back pain rated 8/10, which radiates into the bilateral lower extremities. The patient's date of injury is 02/04/13. Patient is status post trigger point injections at an unspecified location in January 2015. The request is for Flexeril 7.5mg #120. The RFA is date 03/04/15. Physical examination dated 04/27/15 reveals tenderness to palpation of the lumbar spine, reduced grip strength in the right hand compared with the left (via JAMAR grip dynamometer), and reduced range of motion in the lumbar and cervical spine in all planes. The patient is

currently prescribed Tramadol, Naproxen, Omeprazole, and Flexeril. Diagnostic imaging was not included. Patient is currently not working, is advised to remain off work until 06/11/15. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since at least 12/19/14. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 120 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.

Ultram ER 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of medications, Opioids, specific drug list Page(s): 78-80, 124, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/27/15 with neck pain rated 8/10 and associated headaches, lower back pain rated 8/10, which radiates into the bilateral lower extremities. The patient's date of injury is 02/04/13. Patient is status post trigger point injections at an unspecified location in January 2015. The request is for Ultram ER 150mg #120. The RFA is date 03/04/15. Physical examination dated 04/27/15 reveals tenderness to palpation of the lumbar spine, reduced grip strength in the right hand compared with the left (via JAMAR grip dynamometer), and reduced range of motion in the lumbar and cervical spine in all planes. The patient is currently prescribed Tramadol, Naproxen, Omeprazole, and Flexeril. Diagnostic imaging was not included. Patient is currently not working, is advised to remain off work until 06/11/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Ultram for the maintenance of this patient's chronic pain, evidence of medication compliance has not been established. Progress notes dated 12/19/14, 01/30/15, 4/27/15 and 05/27/15 mention the collection of urine samples point of care, and there are multiple prospective requests for screenings. The resultant toxicology reports or a discussion of consistency with prescribed medications is not included. There is adequate documentation of analgesia, as well as specific functional improvements, and a noted lack of aberrant behavior. MTUS guidelines require documentation of medication compliance to continue the use of opiate medications. However, no

toxicology reports or discussion of consistency is contained in the records provided, therefore continuation of this medication cannot be substantiated. The request is not medically necessary.

Prilosec 20mg #60 times 1 refill: Upheld

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

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

Decision rationale: The patient presents on 04/27/15 with neck pain rated 8/10 and associated headaches, lower back pain rated 8/10, which radiates into the bilateral lower extremities. The patient's date of injury is 02/04/13. Patient is status post trigger point injections at an unspecified location in January 2015. The request is for Prilosec 20mg #50 x 1 refill. The RFA is date 03/04/15. Physical examination dated 04/27/15 reveals tenderness to palpation of the lumbar spine, reduced grip strength in the right hand compared with the left (via JAMAR grip dynamometer), and reduced range of motion in the lumbar and cervical spine in all planes. The patient is currently prescribed Tramadol, Naproxen, Omeprazole, and Flexeril. Diagnostic imaging was not included. Patient is currently not working, is advised to remain off work until 06/11/15. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 12/19/14. However, the provider does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. This patient is currently prescribed an NSAID: Naproxen. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request is not medically necessary.