

Case Number:	CM15-0085724		
Date Assigned:	05/08/2015	Date of Injury:	02/28/2008
Decision Date:	12/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 2-28-08. The injured worker was being treated for pain in lower leg joint and arthropathy of lower leg. On 3-12-15, the injured worker complains of abdominal pain rated 8 out of 10 and is helped with medications. Documentation does not include level of pain prior to or following medication administration, duration of pain relief or functional improvement. She also notes poor sleep quality. She is noted to be temporarily totally disabled. Physical exam performed on 3-12-15 revealed no tenderness on palpation of abdomen; tenderness is noted over the groin, painful range of motion of right hip and increased pain with lumbar range of motion. Treatment to date has included oral medications including Cyclobenzaprine 7.5mg, Tramadol 150mg, Omeprazole 20mg and topical Terocin patch 4%. On 4-7-15 request for Cyclobenzaprine 7.5mg #60 (since at least 10-24-14), Tramadol 150mg #30 (since at least 10-24-14) and Omeprazole 20mg #60 (since at least 10-24-14) was submitted. She notes she has not had a refill of Tramadol since 1-2015 and has not taken it in a few weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Nabilone.

Decision rationale: The claimant sustained a work injury in February 2008. Right rotator cuff surgery was done in 2011. She is being treated for right groin and right lower extremity pain and major depressive disorder. In October 2014, medications were carisoprodol, cyclobenzaprine, Pantoprazole, and extended release tramadol. In January 2015, pain was rated at 8/10. In March 2015, she had completed a functional restoration program. She had not taken tramadol in a few weeks. She had pain rated at 8/10. Physical examination findings included an antalgic gait without an assistive device. There was right groin tenderness and pain with range of motion. There was right lower abdominal tenderness. There was pain with lumbar flexion and extension and there was decreased right lower extremity strength. Authorization for cyclobenzaprine, omeprazole, and extended release tramadol is being requested. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Another muscle relaxant, carisoprodol is also being prescribed. Continued prescribing is not medically necessary.

Tramadol 150mg Cpmcp 25-75 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in February 2008. Right rotator cuff surgery was done in 2011. She is being treated for right groin and right lower extremity pain and major depressive disorder. In October 2014, medications were carisoprodol, cyclobenzaprine, Pantoprazole, and extended release tramadol. In January 2015, pain was rated at 8/10. In March 2015, she had completed a functional restoration program. She had not taken tramadol in a few weeks. She had pain rated at 8/10. Physical examination findings included an antalgic gait without an assistive device. There was right groin tenderness and pain with range of motion. There was right lower abdominal tenderness. There was pain with lumbar flexion and extension and there was decreased right lower extremity strength. Authorization for cyclobenzaprine, omeprazole, and extended release tramadol is being requested. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation of specific examples of how this medication is resulting in an increased level of function or improved quality of life.

Pain score were unchanged at 8/10 with and without use of this medication. Continued prescribing is not medically necessary.

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in February 2008. Right rotator cuff surgery was done in 2011. She is being treated for right groin and right lower extremity pain and major depressive disorder. In October 2014, medications were carisoprodol, cyclobenzaprine, Pantoprazole, and extended release tramadol. In January 2015, pain was rated at 8/10. In March 2015, she had completed a functional restoration program. She had not taken tramadol in a few weeks. She had pain rated at 8/10. Physical examination findings included an antalgic gait without an assistive device. There was right groin tenderness and pain with range of motion. There was right lower abdominal tenderness. There was pain with lumbar flexion and extension and there was decreased right lower extremity strength. Authorization for cyclobenzaprine, omeprazole, and extended release tramadol is being requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole is not medically necessary.