

Case Number:	CM15-0095578		
Date Assigned:	05/22/2015	Date of Injury:	05/31/2013
Decision Date:	07/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/18/2015

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 50 year old female, who sustained an industrial injury on 05/31/2013. She has reported subsequent low back and lower extremity pain and was diagnosed with moderate right and severe left neural foraminal narrowing of L5-S1 with radiculopathy and lumbar sprain/strain. Treatment to date has included oral pain medication, home exercise program, physical therapy, TENS unit and application of heat and ice. In a progress note dated 03/03/2015, the injured worker complained of low back pain with right lower extremity symptoms. Objective findings were notable for tenderness of the lumbar spine and lumbo-paraspinal musculature, mild swelling and positive straight leg raise on the right at 60 degrees. A request for authorization of Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol (Ultram) ER 150 mg #60 with a dos of 3/03/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain with radiculopathy. The current request is for RETRO: TRAMADOL (ULTRAM) ER 150MG #60 WITH A DOS OF 03/03/15. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication, home exercise program, physical therapy, TENS unit and application of heat and ice. The patient is TTD. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Tramadol since at least 12/30/14. According to progress report 12/30/14, medications enables greater function and activity level including self-care, grocery shopping, cooking etc. With Tramadol, there is a "four point average diminution in pain on a scale of 10." The patient reports no side effects with medications. Narcotic analgesic monitoring included screening for aberrant behaviors and pain contract. UDS are routinely monitored for consistency. In this case, the treating physician has provided adequate documentation including the 4As as requirement by MTUS for opiate management. The request IS medically necessary.

Retrospective Naproxen (Aleve) 550 mg #90 with a dos of 3/03/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: This patient presents with chronic low back pain with radiculopathy. The current request is for RETRO: NAPROXEN (ALEVE) 550MG #90 WITH A DOS OF 03/03/15. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication, home exercise program, physical therapy, TENS unit and application of heat and ice. The patient is TTD. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 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 nonselective nonsteroidal anti-inflammatory drugs "NSAIDs" in chronic LBP and of antidepressants in chronic LBP." The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. This patient has been utilizing Naproxen with documented efficacy since at least 08/26/14. According to report 12/30/14, the patient has failed first line NSAIDs, ASA and ibuprofen. With Naproxen pain decreased on average 3 points. Objective improvement with this medication included "improved tolerance to exercise and improved range of motion." Given the patient

chronic pain and adequate documentation of medication efficacy, this request is in accordance with MTUS and IS medically necessary.

Retrospective Pantoprazole (Protonix) 20 mg #90 with a dos of 3/03/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic low back pain with radiculopathy. The current request is for Retrospective Pantoprazole (Protonix) 20 mg #90 with a dos of 3/03/2015. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication, home exercise program, physical therapy, TENS unit and application of heat and ice. The patient is TTD. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. This patient has been using Protonix since 08/16/14. According to progress report 02/10/15, the patient had a history of GI upset with NSAID prior to no PPI. With the use of Protonix the patient's GI issues have subsided. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Given the patient's long NSAID use and GI issues, the requested medication IS medically necessary.

Retrospective Cyclobenzaprine (Flexeril) 7.5 mg #90 with a dos of 3/03/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic low back pain with radiculopathy. The current request is for Retrospective Cyclobenzaprine (Flexeril) 7.5 mg #90 with a dos of 3/03/2015. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication, home exercise program, physical therapy, TENS unit and application of heat and ice. The patient is TTD. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended 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 the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Progress reports documented "significant diminution in spasm" with the use of this medication. The patient has been using Cyclobenzaprine since 07/30/14 for her muscle spasms. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.