

Case Number:	CM14-0146518		
Date Assigned:	09/12/2014	Date of Injury:	05/13/2008
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 yr. old male claimant sustained a work injury on 5/13/08 involving the neck and low back. He was diagnosed with cervical spin disease, lumbar radiculopathy, depression and gastric reflux disease. An MRI in 10/30/13 indicated the claimant had undergone a laminectomy fusion of the C4-C5 level and had degeneration of the lumbar spine with disc desiccation. A progress note on 8/25/14 indicated the claimant had 8/10 pain, which improved to 5/10 pain with the use of Tramadol ER. He had previously been on Tramadol 50mg immediate release the month prior, which was not helping. He had taken NSAIDs in the past but had stopped due to gastric reflux. He was on Omeprazole to relieve the symptoms of heartburn. Exam findings were notable for painful reduced range of motion of the cervical and lumbar region. There was mild tenderness in the abdominal region. No prior gastric workup was done. The triceps had decreased strength and there was hypoesthesia in the left leg. The treating physician continued his Tramadol 150mg BID, Cyclobenzaprine 7.5 mg at night and Omeprazole 20 mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 18,24,49,63-64,80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The recommended strating does is 100mg daily of Tramadol ER. In this case, the claimant had been started on Tramadol ER 150 mg BID. In addition, there was no documentation of Tylenol failure. The continued and chronic use of Tramadol ER is not medically necessary.

Omeprazole 20mg: 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 NSAIDs
Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI bleeding events, GI workup or antiplatelet use that would place the claimant at risk. Furthermore, the claimant had discontinued NSAIDs. Therefore, the continued use of Omeprazole is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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 Cylcobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a over a month. Continued and long-term use of Flexeril is not medically necessary.