

Case Number:	CM13-0042318		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2012
Decision Date:	12/11/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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: Texas, Mississippi
 Certification(s)/Specialty: Family Practice

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 patient is a 35-year-old male who reported an injury on 06/24/2012. The mechanism of injury was a motor vehicle accident. Qualified Medical Evaluation dated 09/07/2013 reveals the patient continues to complain of pain in his neck, lower back, upper back, shoulders, and bilateral knees with the right being greater than the left. Review of the medical record reveals the patient had prior lumbar fusion in 2002. Objective findings upon examination revealed the patient has normal motor control of the shoulders, forearms, elbows, wrist, and hands without evidence of weakness or atrophy in any of the muscle groups. The patient's perception to pinprick, light touch, and vibratory sense was elevated in the lower extremities. There was no deficit found in distribution of the peripheral nerves or dermatomal patterns. Tendon reflexes were noted at 2+ bilaterally to biceps, triceps, and brachioradialis. He has full range of motion of the upper extremities and the neck. There was noted pain upon palpation over the posterior aspect of the left trapezius and neck. The patient walks without a limp, tip toes and heel walking were within normal limits. He is able to squat fully and has range of motion of the lumbar spine. Reflexes were 2+ equal bilaterally in lower extremities. The sitting straight leg raising was questionably positive bilaterally to 80 degrees. There was no weakness detected, and there was good circulation and sensation of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI, NSAID. Decision based on Non-MTUS Citation Official Disability Guidelines- Prilosec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: As per California MTUS Guidelines, it is stated that it should be determined that a patient is at risk for gastrointestinal events prior to administration of proton pump inhibitors. As there is no documentation provided in the medical records suggesting that the patient has any history of peptic ulcers, GI bleeds or perforation; the patient is not on any concurrent use of aspirin, corticosteroids and/or anticoagulants at this time, therefore, the medical necessity for continued use of a Prilosec 20 mg cannot be determined and the request is not medically necessary.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Per California MTUS Guidelines, it is stated that tramadol is not recommended as a first line oral analgesic. It is also stated that with the use of opioids for ongoing pain management it is required that there is ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects of the medication. There should also be pain assessments provided in the medical record. As there is no documentation of any pain assessments in the medical record or any documentation of pain relief or any increase in the patient's functional status, the medical necessity for continued use of tramadol 50 mg cannot be determined and the request is not medically necessary.

Xanax ER 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per California MTUS Guidelines it is stated that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the uses of medication to 4 weeks. As the patient has been taking the requested medication for a significant amount of time, which exceeds that which is

recommended by California MTUS Guidelines of limit use to 4 weeks, and he continues to have complaints of pain, the medical necessity for the continuation of the requested medication cannot be determined at this time. Therefore, the request for Xanax ER 0.5 mg 60 tablets is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Vicodin Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per California MTUS Guidelines it is stated that with the use of opioids for ongoing pain management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should also be documentation of pain assessments being performed. As there is no documentation provided in the medical record of any pain assessments, ongoing pain relief, functional status, or any appropriate medication use for the requested medication, the medical necessity for continued use of the requested medication cannot be determined and the request for Norco 10/325 #120 tablets is not medically necessary.

Flexeril 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 67.

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

Decision rationale: Per California MTUS Guidelines, cyclobenzaprine is recommended for a short course of therapy. There is limited and mixed evidence that does not allow for recommendation for chronic use. The medication is not recommended to be used for longer than 2 to 3 weeks. As the patient has been taking the requested medication for an extended amount of time which exceeds that which is recommended by California MTUS Guidelines and continues to have significant complaints of pain, the medical necessity for continued use of the requested medication cannot be determined at this time. As such, the request for Flexeril 75 mg #90 tablets is not medically necessary.