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| Case Number: | CM13-0006538 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/12/2007 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 59-year-old female who reported an injury on 09/12/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included low back pain, lumbar degenerative disc disease, spasms of the muscles buttocks and pain from radiculopathy or referred pain. The previous treatments included medication and facet injections. The diagnostic testing included an EMG/NCV. Within the clinical note dated 07/18/2013, it was reported the injured worker complained of low back pain. The medication regimen included Norco, Lexapro, Protonix and Trazodone. Upon the physical examination, the provider noted the range of motion was restricted of the lumbar spine with pain. The paravertebral muscles had tenderness and tight muscle bands noted on both signs. It was indicated the injured worker had tenderness noted at L3, L4 and L5 and the sacrum. The provider requested Norco, Lexapro for chronic pain, Zanaflex for muscle spasms, Trazodone for insomnia, Protonix for acid reflux. Request for Authorization was submitted and dated on 07/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 (dispense) per RFA 7/23/13 QTY 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 per RFA 07/23/2013, quantity 180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the physical examination. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Lexapro 20mg #30 refill 1 per RFA 7/23/13 QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The request for Lexapro 20 mg #30 with 1 refill per RFA 07/23/2013 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. Therefore, the request is not medically necessary.

Zanaflex 4 mg #30 (dispense) per RFA 7/23/13, QTY 60: Upheld

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

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

Decision rationale: The request for Zanaflex 4 mg #30 dispense per RFA 07/23/2013, quantity 60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 07/2013, which exceeds the guideline recommendations of short term use. The request submitted failed to provide the frequency of the medication. Additionally,

there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Trazodone 50mg #60 refill 1 per RFA 7/23/13 QTY 60: 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Trazodone 50 mg #60 with 1 refill per RFA 07/23/2013, quantity 60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Protonix 40mg #60 refill 1 per RFA 7/23/13 QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Protonix 40 mg #60 with 1 refill per RFA 07/23/2013, quantity 60 is not medically necessary. The California MTUS Guidelines note that proton pump inhibitors, such as Protonix, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors of gastrointestinal events include over the age of 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroid and/or an anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking non-steroidal anti-inflammatory drugs (NSAIDs). The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. There is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Zanaflex 4mg #30 (dispense) per RFA 7/23/13 QTY 60: Upheld

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

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

Decision rationale: The request for Zanaflex 4 mg #30 dispense per RFA 07/23/2013, quantity 60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 07/2013, which exceeds the guideline recommendations of short term use. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.