

Case Number:	CM13-0013074		
Date Assigned:	06/06/2014	Date of Injury:	06/01/1973
Decision Date:	07/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 76-year-old female who reported an injury on 06/01/1973. The mechanism of injury was not provided in the documentation. Per the progress note dated 07/18/2013, the injured worker reported continued pain to the neck and low back. Pain over the cervical spine radiated into the shoulder region. The pain in the low back traveled into the left lower extremity. On physical examination, the injured worker was reported to have bilateral lumbar paraspinous tenderness with 1+ palpable muscle spasms in the lumbosacral junction. Lumbar spine flexion was 25 degrees, extension 5 degrees, and right and left lateral flexion 5 degrees bilaterally. The injured worker was noted to have a negative straight leg raise bilaterally. Sensation was intact in both lower extremities. Muscle testing was "mostly" normal. Reflex testing was 1+ to the right and 2+ to the left at the patella and the Achilles reflexes were absent bilaterally. The injured worker had previously undergone lumbar fusion surgery with instrumentation at L2-L3 and L3-4 with extension of the instrumentation to L1. The injured worker was noted to have had physical therapy postoperatively for those fusion surgeries. Additionally, she has received physical therapy for her neck. The injured worker rated her pain with medication as a 2/10, without medication a 5/10. The diagnoses were reported to include low back pain with the left greater than right, lower extremity radiculopathy, history of lumbar spine surgery in the 1970s and repeat lumbar surgery in 2009, cervical pain with left upper extremity radicular symptoms, cervicogenic headaches, multilevel cervical degenerative disc disease, left hip pain, status post fall in 2013 secondary to left lower extremity weakness. The Request for Authorization for medical treatment for the Flexeril, Norco, Percocet, Laxacin-docusate sodium, and Synovacin was not provided in the documentation. The provider's rationale for the Flexeril was for muscle spasms, Norco and Percocet for breakthrough pain, Synovacin for promotion of joint health, and Laxacin for constipation. Previous treatments were physical

therapy for the low back and neck, which the injured worker has continued in a home exercise program, and lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG Q D #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine-muscle relaxants Page(s): 41,64.

Decision rationale: Per California MTUS Guidelines, cyclobenzaprine is recommended as an option using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief; limited mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended for use for longer than 2 to 3 weeks. There is a lack of documentation regarding the use this medication, the length of time it has been used, and the efficacy of the medication. There is a lack of clinical findings regarding tapering of the this medication. There is a lack of documentation regarding decrease in muscle spasms while utilizing this medication. There was a lack of documentation regarding alternative treatments that have been utilized to decrease the dependence on this medication. Therefore, the request for Flexeril 10 mg q day times 20 is non-certified.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78, 80.

Decision rationale: California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain, extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The guidelines note with regard to low back pain, opioids appear to be efficacious, but limited for short term pain relief, and long term efficacy is unclear; it also appears limited. Failure to respond to a time limited course of opiates has led to the suggestion of reassessment and consideration of alternative therapy. There was a lack of documentation regarding the use of this medication and the efficacy of the medication. There was a lack of

documentation regarding clinical findings regarding an increase in functionality while on this medication. There was a lack of documentation regarding assessment and consideration of alternative treatments. There was a lack of documentation regarding other conservative treatments beyond physical therapy for chronic pain management. In addition, the request did not include frequency instructions for the medication. therefore, the request for Norco 10/325 mg quantity 120 is non-certified.

PERCOCET 5/325MG ON QD PRN #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78.

Decision rationale: California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain, extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids appear to be efficacious but limited for short term pain relief, and long term efficacy is unclear, but also appears limited. Failure to respond to a time limited course of opiates has led to the suggestion of reassessment and consideration of alternative therapy. There was a lack of documentation regarding clinical findings regarding an increase in functionality while on this medication. There was a lack of documentation regarding the length of time the injured worker has been utilizing this medication and the efficacy of the medication. There was a lack of documentation regarding reassessment and consideration of alternative therapies. There was a lack of documentation regarding other conservative treatments beyond physical therapy for chronic pain management. Therefore, the request for Percocet 5/325 mg daily as needed quantity of 30 is non-certified.

LAXACIN-DUCUSATE SODIUM/SENNA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines recommend prophylactic treatment of constipation should be initiated when opioid therapy is initiated. However, the opioids have been non-certified for this medication. Also, the information provided failed to indicate the injured worker was experiencing constipation or the efficacy of this medication. The request as submitted failed to provide the dosage, frequency and quantity of the medication. Therefore, the request for Laxacin-ducosate sodium/senna is non-certified.

SYNOVACIN (GLUCOSAMINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Glucosamine.

Decision rationale: Per California MTUS Guidelines, glucosamine is recommended as an option given that its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Despite multiple control clinical trials of glucosamine in osteoarthritis, mainly of the knee, controversy on efficacy related to symptomatic improvement continued. Per Official Disability Guidelines, glucosamine and/or chondroitin may not be helpful for patients with osteoarthritis of the hip or knee, according to the results of a recent meta-analysis, but the authors concluded that neither of the preparations are dangerous. There was a lack of documentation regarding a diagnosis of osteoarthritis or arthritis in the injured worker. There was no evidence to support the use of this medication for chronic pain. There was a lack of documentation regarding clinical findings reporting increased functionality or decreased pain while utilizing this medication. The request as submitted failed to provide the dosage, frequency and quantity of the medication. Therefore, the request for Synovacin is non-certified.