

Case Number:	CM13-0016072		
Date Assigned:	12/27/2013	Date of Injury:	01/08/2010
Decision Date:	02/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Hawaii. 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 physician 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:

This patient is a 62 year old male employee with date of injury of 1/8/2010. A review of his medical documents identifies ongoing treatment for low back pain, muscle spasms, constipation, lumbar facet syndrome, and lumbar degenerative disc disease. Objective findings from 5/31/2013 include lumbar paraspinal muscle spasms, lumbar tenderness with facet loading, nonantalgic gait, and normal neurological examination. Subjective complaints include "radiation of pain that travels upwards to thoracic spine" and pain that is "aggravated with increase activities particularly with twisting motions, also with prolonged walking or standing". Treatment plan has included exercise program, yoga, physical therapy, chiropractic treatment, TENS unit and medications from his 5/31/2013 and 7/24/2013 visits include Vicodin 5/500 four times daily, naproxen 500mg twice daily, Prilosec 20mg daily, Flexeril 10mg twice a day. A urine drug screening was also requested on 7/24/2013. The utilization review determination was rendered on 8/16/2013 recommending non-certification of Flexeril 10mg QTY: 60.00 with 3 refills, Omeprazole 20mg QTY: 30.00 with 3 refills, and random drug screening x 4 per year

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Flexeril 10mg QTY: 60.00 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): s 41-42, 60-61.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril®), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" UpToDate "Flexeril" also recommends "Do not use longer than 2-3 weeks". The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. As such the request for Flexeril 10mg quantity 60 with three refills is not medically necessary.

The request for Omeprazole 20gm QTY: 30.00 with 3 refills: Upheld

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

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

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 30 with three refills is not medically necessary.

The request for random drug screening x 4 per year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 43, 74-96.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the current request for retrospective urinalysis drug screening is no medically necessary.