

Case Number:	CM13-0022067		
Date Assigned:	04/25/2014	Date of Injury:	03/25/2000
Decision Date:	07/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/10/2013

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 Interventional Spine 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 patient is a 54-year-old female with a date of injury of 03/25/2000. The listed diagnosis per [REDACTED] is lumbar radiculopathy. According to the 04/30/2013 progress report by [REDACTED], the patient presents with sharp low back pain rated as 10/10. The pain radiates down to her right buttock. Norco decreases her pain 90% for 4 hours. The decreased pain allows her to do more activities like mowing, housework, and work. The Baclofen is used as a muscle relaxant and allows her to move better, drive, and get in and out of her car. It decreases her pain by 50% when taken with Norco. Report 03/27/2013, the patient reports decreased pain of 70% for a few weeks with chiropractic treatments. She has 2 more visits remaining. On 08/07/2013, the patient reported feeling better. She was going to chiropractic treatments and says it has decreased her pain. The treater requests Norco 10/325 #45, Rozerem 8 mg #30, Baclofen 20 mg #100, Anaprox 550mg #100 and additional chiropractic care 2 times a week for 3 weeks. Utilization review denied the request on 08/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 TID PRN #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain; Opioids Page(s): 60,61 88,89.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Norco 10/325 #45. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the treater states the patient experiences a decrease in pain and specific improvement in ADLs with taking Norco. But there is no "pain assessment" or any discussion on adverse side effects or discussion regarding aberrant behaviors such as Cures report or Drug screen in the 3 progress reports provided for review. Recommendation is for denial.

ROZEREM 8MG QHS #30: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Rozerem 8 mg #30 "as a non habit forming sleep aid." The treater states this medication is prescribed as a non-habit-forming sleep aide. Rozerem is an herbal product containing melatonin/L-tryptophan. The ODG guidelines has the following regarding tryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders." Regarding Melatonin, ODG states "Melatonin- receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential)." None of the three progress reports provided for review have any discussion of sleep issues in this patient. Given the patient does not have any difficulties with sleep, recommendation is for denial.

BACLOFEN 20MG TID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-127.

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Baclofen 20 mg #100 as a muscle relaxant. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP.

Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and muscle spasms; however, the treater is requesting #100 and has been prescribing this medication since 03/27/2013. Baclofen is not recommended for long term use. Therefore, recommendation is for denial.

ANAPROX DS 550MG BID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain , Anti-inflammatory, NSAIDs Page(s): 60,61,22,67,68.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting Anaprox-DS 550 mg b.i.d. #100. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treater does not provide a discussion regarding the efficacy of Anaprox in any of the three progress reports provided for review. MTUS Guidelines page 60 requires documentation of pain assessment and function when medications are used for chronic pain. Given the lack of any documentation of pain and functional assessment as related to the use of Anaprox, recommendation is for denial.

MVI QD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):: drugs.com.

Decision rationale: This patient presents with chronic low back pain. The treater requests "MVI." The ACOEM, MTUS and ODG guidelines do not discuss Multi Vitamin Infusion. ODG does discuss some vitamins including vitamin D, B12, Folate and do not allow them unless there is a specific deficiency. Drugs.com states, "M.V.I.-12 Unit Vial (Multi-Vitamin Infusion without vitamin K) is indicated for the prevention of vitamin deficiency in adults and children aged 11 years and above on warfarin anticoagulant therapy receiving parenteral nutrition." In this case, the treater does not provide any discussion as to the medical necessity of a multi-vitamin infusion for this patient. There are no specific deficiencies documented requiring vitamin infusion or supplement. Recommendation is for denial.

CHIRO 2X3 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58,59.

Decision rationale: The patient presents with chronic low back pain. The treater is requesting "additional chiropractic 2 times a week for 3 weeks to relieve her "flare-up." The MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. This patient has had prior chiropractic treatment. The number of sessions and the outcome of the treatment are not discussed in the medical reports. In this case, the treater does not provide any functional improvement from prior chiro treatments as required by MTUS, in the three progress reports provided for review. Labor code 9792.20(e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior chiropractic treatments, recommendations for denial.