MAXIMUS Federal Services

Case Number:	CM13-0022619		
Date Assigned:	03/14/2014	Date of Injury:	01/06/2004
Decision Date:	06/12/2014	UR Denial Date:	08/29/2013
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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 56 year old male who sustained an injury on 1/06/04. The patient has been followed for complaints of chronic low back pain from failed back surgery syndrome. The patient has a history of multiple medication use to include Robaxin, Norco, Celebrex, Buspar, and Nexium. On 8/20/13, the patient reported slightly improved symptoms. Recent MRI studies showed no complications from the prior fusion. On physical examination, there was tenderness to palpation without guarding. Spasms were absent. There was loss of lumbar range of motion. Medications were continued at this visit to include Robaxin 750mg twice daily, Buspar 10mg three times daily, Celebrex 200mg twice daily, Norco 10/325mg four times a day for pain, and Nexium 4mg once daily. Follow-up on 11/12/13 noted no change on physical examination. Medications were continued and unchanged. The most recent evaluation from 2/4/14 again showed no change on physical examination. The patient's medications remained unchanged at this visit. It is noted that Buspar was being prescribed by a family physician. No specific pain reduction or functional benefits were mentioned regarding these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ROBAXIN 750MG #60, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. As such, the request is not medically necessary.

PRESCRIPTION OF BUSPAR 10MG #90, WITH 2 REFILLS: Upheld

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

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: The clinical records submitted for review did not describe any pertinent anxiety symptoms that would support the continued use of this medication. Furthermore, the prescription of Buspar was being managed by a family physician, and no further information was provided by the request provider to support its ongoing use. As such, the request is not medically necessary.

PRESCRIPTION OF CELEBREX 200MG #60, WITH 2 REFILLS: Overturned

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 Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended for the short-term symptomatic relief of chronic low back pain. However, they are no more effective than acetaminophen, narcotic analgesics, or muscle relaxants. NSAIDs have more side effects than placebo and acetaminophen, but fewer than muscle relaxants and narcotics. A note of interest is that no one NSAID is more effective than another. Although guidelines recommend NSAIDs for short-term use and encourage the use of Tylenol, the injured worker is already receiving acetaminophen via Norco, which is a combination of Hydrocodone and acetaminophen. The progress notes from 11/12/13 indicate that the patient takes up to 4 Norco tablets per day on an as needed basis. Given the patient's continued severe pain, and the documentation that the medications bring the pain level down to a manageable level so he can perform his self care activities, the request for Celebrex is medically necessary.

PRESCRIPTION OF NORCO 10/325MG PRN SEVERE PAIN #120, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The clinical reports did specify functional improvement and pain reduction as described in a note on date of service 11/12/13. However, the clinical documentation did not contain any recent toxicology results or any long term opioid risk assessments. Given the lack of any specific functional improvement or pain reduction identified with this medication, the request is not medically necessary.

PRESCRIPTION OF NEXIUM 40MG #30, WITH 2 REFILLS: Upheld

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

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: The clinical documentation did not discuss any specific gastrointestinal side effects with the current medication regimen. The clinical documentation also did not include any objective findings consistent with gastroesophageal reflux disease. As such, the request is not medically necessary.