

Case Number:	CM13-0022837		
Date Assigned:	12/13/2013	Date of Injury:	09/17/2004
Decision Date:	02/13/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/11/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 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:

The patient is a 42 year old female, employed as a labeler. The date of hire was November 14, 2001 and the date of injury September 14, 2004. Tthe mechanism of injury derived from a reaching maneuver and was aggravated by chiropractic care administered subsequently. Injury is to the back, cervical spine, right wrist, both shoulders and psyche. The current diagnoses are: Cervical discopathy, cervical radiculitis, Lumbar disc disease, lumbar radiculitis, bilateral shoulder arthropathy, right wrist injury, carpal tunnel syndrome, premorbid depression aggravated by her injury and generalized anxiety disorder. Treatment has included: 4/21/08 C4-5 and C5-6 discogram; diagnostics; 9/14/12 caudal epidural. In the most recent report on file, dated August 9, 2013, [REDACTED] notes: Subjective: The patient has cervical, lumbar, and right shoulder pain, rated 7-B/10_ Objective: There is cervical and lumbar spine tenderness to palpation with spasm. There is right shoulder tenderness to palpation. The current work status is: Temporarily and Totally Disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every four to six hours as needed, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-77, 82 and 92.

Decision rationale: There is no documented symptomatic or functional improvement from long-term use of Norco, therefore the request for Norco 10/325 mg every four to six hours as needed, quantity 60 is not medically necessary

. Prilosec 20mg twice a day, quantity 60: 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 & cardiovascular risk Page(s): 68.

Decision rationale: No documented use of NSAIDs or GI distress symptoms in this patient. According to Chronic Pain Medical Treatment Guidelines page 68 (MTUS -Effective July 18, 2009) clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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). The patient does not fall into any of these categories, hence the guideline does not apply

Flexeril 5 mg three times a day, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Page(s): 64.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), ANTISPASMODICS which includes Flexeril also known as Cyclobenzaprine, is used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). They Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004) See Cyclobenzaprine. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with

fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (ICSI, 2007) (Tofferi, 2004). Therefore, the request for Flexeril 5 mg three times a day, quantity 90 is not medically necessary

Urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. Criteria required for drug testing are not documented in this case.

Discography: 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), Discography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Head and Neck, Cervical Discography, and Anthem Blue Cross, Medical Policy on Cervical Discography.

Decision rationale: While discography has been studied extensively in the lumbar spine, it has been evaluated less so in cervical discs, and even less frequently in thoracic discs. At this time, there is not sufficient evidence from controlled trials to evaluate whether cervical and thoracic discography result in improved outcomes in individuals with chronic cervical or thoracic spine pain. Until there is more scientific evidence demonstrating the efficacy and improved outcomes with this test for individuals experiencing cervical or thoracic pain, the clinical value and diagnostic utility of cervical and thoracic discography remain unproven.