

Case Number:	CM13-0027898		
Date Assigned:	11/22/2013	Date of Injury:	12/07/2010
Decision Date:	08/15/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational 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:

This 53 year old patient had a date of injury on 12/7/2010. The mechanism of injury was the patient developed worsening low back pain with stocking 35 cases of water. The patient is 5 months post a spinal fusion on 5/21/2013. The physical exam on 8/15/2013 showed normal reflex, sensation, and strength in both upper and lower extremities except for mild numbness bilaterally in an L5 distribution. Diagnostic impression shows degenerative disc disease of neural compression, status post minimally invasive decompression with instability at L4-L5 and L5-S1, recurrent herniated nucleus pulposus at L4-L5. The treatment to date includes medication therapy, behavioral modification and surgery. A UR decision 8/29/13 on denied the request for Norco 10/325#90x2 stating that ongoing opioid management requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines would support the use of opioid medication in this setting postoperatively when the patient is attending physical therapy. However, the patient requires ongoing monitoring and therefore the guidelines would not support 2 refills at this time. Fexmid 7.5mg #60 was denied stating that Fexmid, or Cyclobenzaprine, is recommended for short course of therapy and mixed evidence does not allow for recommendation for chronic use. Tramadol 150mg #60 and Ultram 50mg #60 were denied stating it is recommended for a short course of therapy and limit mixed evidence does not allow for a recommendation of chronic use. It also states that Tramadol is not recommended as first line oral analgesic. The medical records contain very limited rationale as to why Tramadol would be indicated in addition to Norco and Gabapentin, which are first line medications. Prilosec 20mg #60 was denied stating that medical records in this case are very limited and do not provide rationale or documentation to support gastrointestinal prophylaxis. Flexeril 10mg #90 was denied stating that Cyclobenzaprine is recommended for a

short course of therapy, and limited mixed evidence does not allow for a recommendation for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 X 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there is no documentation of functional improvement noted in addition to the physical therapy the patient was receiving. Furthermore, on a progress report dated 1/28/2013 that the patient had been already been receiving Norco 10/325. No documentation was provided identifying analgesic benefit (VAS scores) with the use of opioids. Therefore, the request for Norco 10/325mg #90 x2 is not medically necessary.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. The treatment should be brief. There is also a post-op use. However, the addition of Cyclobenzaprine to other agents is not recommended. It was noted that the patient had been already taking Fexmid n a progress report as far back as 1/28/2013. Furthermore, there was no documentation of an acute exacerbation of the patient's chronic pain that would necessitate the further use of Cyclobenzaprine. Therefore, the request for Fexmid 7.5 mg #60 is not medically necessary.

TRAMADOL 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, pg113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. In the reports viewed, there was no rationale provided as to why Tramadol would be indicated in this case. Furthermore, the patient had been noted to be taking Tramadol as far back as 1/28/2013 with no documented functional improvement. Therefore, the request for Tramadol 150mg #60 is not medically necessary.

ULTRAM 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. In the reports viewed, there was no rationale provided as to why Tramadol would be indicated in this case. Furthermore, the patient had been noted to be taking Tramadol as far back as 1/28/2013 with no documented functional improvement. Therefore, the request for Ultram 40mg #60 is not medically necessary.

PRILOSEC 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, proton-pump inhibitors, used in treating reflux esophagitis and peptic ulcer disease. In the reports viewed, the patient has been taking Naproxen, which is an NSAID. The guidelines do support the use of GI

prophylaxis in patients on chronic NSAIDs. Therefore, the request for Prilosec 20mg #60 was medically necessary.

FLERIXL 10MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The patient had been noted to be on Cyclobenzaprine as far back as 1/28/2013. Furthermore, there was no documentation of an acute exacerbation that would necessitate the further use of Cyclobenzaprine. Therefore, the request for Flexeril 10mg#90 is not medically necessary.