

Case Number:	CM13-0037456		
Date Assigned:	12/13/2013	Date of Injury:	10/12/2012
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal 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 is a 52-year-old male patient with date of injury of 10/12/2012 and the mechanism of injury was not provided. The diagnoses are left lumbosacral radiculopathy at L5-S1; lumbar discogenic disease; lumbar strain; lumbar degenerative disc disease. The patient has been receiving chiropractic care, but continues to report low back pain extending down to the left foot. The patient is rated 7/10. Lumbar spine MRI on 12/10/2012 revealed multilevel disc degeneration including L2-3, L3-4, L4-5, and L5-S1. There was noted congenital spinal stenosis at L1-2 through L4-5; lateral disc protrusion with left lateral annular fissure and degenerative spurring of L4-5; severe left and moderate to severe right foraminal stenosis with moderate central canal stenosis and mild to moderate narrowing of the left L5 lateral recess. At L3-4, there was left lateral protrusion and peripheral right foraminal stenosis with moderate to severe central canal stenosis. There was moderate narrowing of the left L4 lateral recess. At L2-3, left lateral protrusion was present with degenerative spurring resulting in moderate to severe left and mild to moderate right foraminal stenosis. There was moderate central canal stenosis. At L5-S1, there was a broad-based right paracentral lateral protrusion with peripheral annular fissure; moderate to severe bilateral foraminal stenosis was present with mild narrowing of the right S1 lateral recess. Medications currently listed as Ultracet 37.5/325 mg every 6 hours as needed, etodolac 400 mg twice a day, Prilosec 20 mg twice a day, and topical muscle rub 3 times a day as needed. Other treatments included selective nerve block at right L4, right L5, left L4, and left L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75.

Decision rationale: The MTUS Chronic Pain Guidelines state, "Short-acting opioids: also known as "normal release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3 to 4 hours." The documentation provided did not indicate the duration of use and the efficacy of the medication and the MTUS Chronic Pain Guidelines do recommend the medication for pain control, but not for long-term use. Guidelines indicate tapering should be individualized as well as ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. As such, the request is not medically necessary and appropriate.

PRILOSEC 40MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines state, "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)." There was no documentation that provided evidence that there were any significant or known gastrointestinal events as well as cardiovascular disease. MTUS Chronic Pain Guidelines do recommend the medication if there is an intermediate risk for gastrointestinal events and no cardiovascular disease. Given there was no clinical evidence of Final Determination Letter for IMR Case Number [REDACTED] 4 gastrointestinal events as the patient reported back pain, the request is not medically necessary and appropriate.

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding muscle relaxants state, "Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness." The clinical documentation indicated the patient had selective nerve root blocks that provided significant relief, but chronic daily use of muscle relaxants is not supported by the guidelines. Given that the MTUS Chronic Pain Guidelines recommend the medication for the first 4 days of treatment, long-term use is not supported. In addition, there was no information indicating duration of use and efficacy. As such, the request is not medically necessary and appropriate.

NAPROSYN 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 70.

Decision rationale: The MTUS Chronic Pain Guidelines state, "Naproxen (Naprosyn®): Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn® or naproxen: 250-500 mg PO twice daily." Although there are continuing residual deficits and ongoing pain, chronic daily use of NSAIDs is not supported by the MTUS Chronic Pain Guidelines. Given that MTUS Chronic Pain Guidelines Final Determination Letter for IMR Case Number [REDACTED] 5 do not recommend chronic daily use of NSAIDs and limits the use of the medication, the request is not medically necessary and appropriate.