

Case Number:	CM13-0042120		
Date Assigned:	03/26/2014	Date of Injury:	02/04/2005
Decision Date:	12/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 injured worker is a 60-year-old male with a date of injury of 02/04/2005. The listed diagnosis is lumbar disk herniation with annular tear at L5-S1. According to progress report 09/17/2013, the patient presents with chronic low back pain with intermittent complaints of radicular pain and left hip pain. The patient reports that he does not take medications consistently. He takes Norco 10/325 mg as needed for pain. He is not currently working and is permanently disabled. The treating physician states that the patient has been approved to undergo an L5-S1 lumbar laminectomy and discectomy. Examination of the lumbar spine revealed tenderness to palpation in the left lower lumbar spine and facet region on the left. There is positive sacroiliac tenderness on the left. Range of motion is decreased in all planes. Patrick's test is positive on the left, and straight leg raise is positive in the seated position at 45 degrees. MRI of the lumbar spine from 06/29/2009 revealed moderate-sized disk herniation at central L5-S1 with increased signal intensity in the posterior disk space. The treating physician is requesting for postoperative medications including Percocet 10/325 mg #60, Norco 10/325 mg #60, Zofran 4 mg #10, Flexeril 7.5 mg #60, and Colace 100 mg #90. Utilization review denied the request on 09/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Percocet 10/325mg #60: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The patient presents with chronic low back pain. The treating physician states that the patient has been authorized for lumbar surgery and is requesting postop Percocet 10/325 mg #60. Utilization review denied the request stating, "The claimant's surgery has not been scheduled and he has not had surgery at this point. Until the claimant has surgery, it would be inappropriate to provide postoperative medication." Review of the medical file does not indicate the patient has been prescribed Percocet in the past. The MTUS guidelines criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. Given the patient is undergoing lumbar surgery, postop pain medication would be appropriate. Therefore, the request for postoperative Percocet 10/325mg #60 is not medically necessary and appropriate.

Postoperative Norco 10/325mg #60: Upheld

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 CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The patient presents with continued low back pain and has been authorized for low back surgery. The treater is requesting postoperative Norco 10/325 mg #60. Utilization review denied the request stating, "The claimant's surgery has not been scheduled and he has not had surgery at this point. Until the claimant has surgery, it would be inappropriate to provide postoperative medication." MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been taking this medication since at least 04/09/2013. The treating physician is requesting for continuation of Norco and requesting Percocet for postop use. Regarding Norco, the treating physician does not provide specific functional improvement, increase of quality of life, or changes in ADLs to warrant long-term use. In fact, it appears the medication is not working, as the treating physician is requesting surgery. Therefore, the request for postoperative Norco 10/325mg #60 is not medically necessary and appropriate.

Postoperative Zofran 4mg #10: Overturned

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 patient presents with continued low back pain and has been authorized for low back surgery. The treater is requesting Zofran 4 mg #10 for postoperative use. Utilization review denied the request stating, "Until the claimant has surgery, it would be inappropriate to provide postoperative medication." The MTUS and ACOEM Guidelines do not discuss Zofran, however, the Official Disability Guidelines (ODG) has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." In this case, the treating physician is requesting a short course of Zofran for postoperative use. Recommendation is for approval. Therefore, the request for postoperative Zofran 4mg #10 is medically necessary and appropriate.

Postoperative Flexeril 7.5mg #60: Upheld

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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Page(s): 64.

Decision rationale: The patient presents with continued low back pain and has been authorized for low back surgery. The treater is requesting postoperative Flexeril 7.5 mg #60. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. This medication is not intended for long-term use and the treater is requesting #60. Therefore, the request for postoperative Flexeril 7.5mg #60 is not medically necessary and appropriate.

Postoperative Colace 100mg #90: 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 MTUS prophylactic treatment of constipation and opiates Page(s): 77.

Decision rationale: The patient presents with continued low back pain and has been authorized for low back surgery. The treater is requesting Colace 100 mg #90. Utilization review denied the request stating, "Until the claimant has surgery, it would be inappropriate to provide postoperative medication." The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. Review of the medical file indicates the patient has been taking opioid on a long-term basis and has been recommended for postoperative Percocet. Prophylactic use of Colace for constipation is within Guidelines. Therefore, the request for postoperative Colace 100mg #90 is medically necessary and appropriate.