MAXIMUS Federal Services

Case Number:	CM13-0058816		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2006
Decision Date:	11/05/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 & 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 patient is a 54 years old female with an injury date on 10/02/2006. Based on the 02/13/2014 progress report provided by [redacted], the patient complains of chronic pain in the lower back with pain involving the lower extremities. The patient indicates the pain ranges up to 7 on a scale of 10 and is brought on with such activities as bending, lifting, twisting, prolonged sitting, getting out of car and chairs, sneezing, straining at stool, walking, coughing, and lying flat. Physical exam reveals decreased lumbar range of motion due to pain. Tenderness and spasm are noted over the lumbar paraspinous muscles. Diminish sensation of the right leg and the dorsal aspect of the right foot/ reflexes are hypoactive at the patella and Achilles, bilaterally. The patient diagnoses were not included in the reports. There were no other significant findings noted on this report. The utilization review denied the request on 11/18/2013. [redacted] is the requesting provider, and he provided treatment reports from 02/13/2014 to 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #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 Medications for chronic pain, Pain Assessment, CRITERIA FOR USE OF OPIOIDS, Opioid for chronic p.

Decision rationale: According to the 02/13/2014 report by [redacted] this patient presents with chronic pain in the lower back with pain involving the lower extremities. The treater is requesting Norco 10/325 #60 but the treating physician's report and request for authorization containing the request is not included in the file. The progress report closest to the utilization review letter in question is dated 02/13/2014 and the utilization review letter in question is from 11/18/2013. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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. The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. Some ADL's are discussed. However, there are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss change in work status, or return to work attributed to use of Norco. MTUS require not only anagesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

FLEXERIL 7.5 #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 Muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 02/13/2014 report by [redacted] this patient presents with chronic pain in the lower back with pain involving the lower extremities. The treater is requesting Flexeril 7.5 #60 but the treating physician's report and request for authorization containing the request is not included in the file. The progress report closest to the utilization review letter in question is dated 02/13/2014 and the utilization review letter in question is from 11/18/2013. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #60; Flexril is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, The request is not medically necessary.

PROTONIX 20MG #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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 02/13/2014 report by [redacted] this patient presents with chronic pain in the lower back with pain involving the lower extremities. The treater is requesting Protonix 20 mg #60 but the treating physician's report and request for authorization containing the request is not included in the file. The progress report closest to the utilization review letter in question is dated 02/13/2014 and the utilization review letter in question is from 11/18/2013. The MTUS Guidelines state Protonix is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request is not medically necessary.