

Case Number:	CM13-0064072		
Date Assigned:	01/03/2014	Date of Injury:	01/06/2004
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, has a subspecialty in Pain Management, 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 56-year-old who was injured on January 6, 2004. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI. PR2 dated November 12, 2013 indicated the patient presented in stable condition. There had been no worsening of his pain since the last visit. He needed refills of his medications as they did help. He stated the medication brought his pain level down to a manageable level so he could perform his self care activities. He stated he does gentle stretching, gentle walking, but there were still some limitations performing those activities. (No VAS [visual analog scale] was noted). Objective findings on exam revealed negative SLR (straight leg raise), negative Faber. His motor strength was 5/5. The patient was diagnosed with failed back syndrome and L5-S1 decompression, fusion, and instrumentation in October 2004. The patient was prescribed Robaxin 750 mg bid p.r.n. for spasm #60 with 2 refills; BuSpar 10 mg pot id #90 with 2 refills; Norco 10 mg q.i.d. p.r.n. for severe pain #120 with two refills; Nexium 40 mg q day #30 with 2 refills; and Celebrex 20 mg bid prn for mild pain #60 with 2 refills. PR2 dated August 20, 2013 stated the patient's symptoms were slightly better than the last evaluation. He also needed a refill for his medications. (There was no VAS noted) Objective findings on exam revealed tenderness in lumbar paraspinal muscles with no spasms. Final Determination Letter for IMR Case Number CM13-0064072 3 The patient was prescribed Robaxin 750 mg bid p.r.n. for spasm #60 with 2 refills; BuSpar 10 mg pot id #90 with 2 refills; Norco 10 mg q.i.d. p.r.n. for severe pain #120 with 2 refills; Nexium 40 mg q day #30 with 2 refills; and Celebrex 20 mg bid p.r.n. for mild pain #60 with 2 refills. PR2 dated 05/28/stated the patient was feeling better than prior week. He rated his pain as 7/10. The patient had medications and he was instructed to take as prescribed; and he was awaiting transfer of care to pain management. PR2 dated May 21, 2013 indicated the patient had been having worsening low back pain over the last two weeks. He also presented for refills of his medications. (There

was no VAS noted). Objective findings on exam revealed tenderness in the lumbar paraspinal muscles. There was no guarding and no spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750 MG, #60 WITH 2 REFILLS: 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 (FOR PAIN) Page(s): 63.

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. PR2 dated 11/12/2013 indicated the patient presented in stable condition. There had been no worsening of his pain since the last visit. He presented for refill of his medications. The medical records do not demonstrate the presence of muscle spasm on examination and do not document subjective complaints and examination findings that correlate to the existence of an acute exacerbation of his patient's chronic low back condition. Furthermore, chronic use of muscle relaxants is not recommended. The request for Robaxin 750 mg, sixty count with two refills, is not medically necessary or appropriate.

BUSPAR 10 MG, #90 WITH 2 REFILLS: Upheld

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) PAIN, ANXIETY MEDICATIONS IN CHRONIC PAIN

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described. According to the ODG, Generalized Anxiety Disorder (GAD) is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific and the following serves only as a guide in providing pharmacotherapy. SSRIs (selective serotonin reuptake inhibitors) or SNRIs (serotonin and noradrenaline reuptake inhibitors) are typically first line agents for GAD. Buspar (Buspirone) is also approved for short-term relief of anxiety symptoms. The medical records do not document subjective complaints with description of symptoms and clinical findings/observations consistent with GAD. According to the November 12, 2013 PR-2, the patient was diagnosed with failed back syndrome and L5-S1 decompression, fusion, and instrumentation in October 2004. A diagnosis of GAD has

not been established. In addition, if an anxiety condition exists, SSRIs or SNRIs are considered first-line agents. The request for Buspar 10 mg, ninety count with two refills is not medically necessary or appropriate.

NORCO 10 MG, #120 WITH 2 REFILLS: 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 OPIOIDS Page(s): 74-96.

Decision rationale: According to CA MTUS, Hydrocodone/Acetaminophen (Anexsia[®], Co-Gesic[®], Hycet[®]; ϕ ; Lorcet[®], Lortab[®]; Margesic-H[®], Maxidone[®]; ϕ ; Norco[®], Stagesic[®], Vicodin[®], Xodol[®], Zydone[®]; generics available) is indicated for moderate to moderately severe pain. One of the criteria for maintaining a patient on an opioid therapy includes: (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Subjective pain level, with and without medication use has not been documented. There is no detailed assessment regarding use of non-pharmacologic and non-opioid means of pain management. The medical records do not establish that the patient has moderately severe pain levels, unresponsive to non-pharmacologic interventions and non-opioid analgesics, which are known to be effective in treatment of mild to moderately severe pain levels. The medical documents do not support continuation of opioid pain management. The request for Norco 10 mg, 120 count with two refills, is not medically necessary or appropriate.

NEXIUM 40 MG, #30 WITH 2 REFILLS: 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): 68. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 68

Decision rationale: The Chronic Pain Medical Treatment Guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age is greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of the above listed criteria exist in this case that would indicate he is at risk for gastrointestinal events, to warrant access to the proton pump inhibitor. The use of a PPI (proton pump inhibitor) should be limited to the recognized indications and used at the

lowest dose for the shortest possible amount of time. Furthermore, when a PPI is indicated, a trial of omeprazole or lansoprazole is recommended before Nexium therapy. The request for Nexium 40 mg, thirty count with two refills, is not medically necessary or appropriate.

CELEBREX 20 MG, #60 WITH 2 REFILLS: 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 ANTI-INFLAMMATORY MEDICATIONS; NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 22, 70.

Decision rationale: According to the CA MTUS, Celecoxib (Celebrex[®]) is the only available COX-2 in the United States. COX-2 inhibitors (e.g. Celebrex) may be considered if the patient has a risk of GI (gastrointestinal) complications, but not for the majority of patients. The medical records do not establish the patient is at risk for GI complications. The medical records do not document subjective quantified pain level, such as with a VAS (visual analog scale). There is no mention of use of non-pharmacologic means of pain management. The request for Celebrex 20 mg, sixty count with two refills, is not medically necessary or appropriate.