

Case Number:	CM13-0065791		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2008
Decision Date:	04/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 36-year-old female who reported an injury on 09/01/2008. The mechanism of injury was the patient was assisting a patient to get up in bed. The patient was noted to be taking Robaxin, a PPI, and Norco as of 02/2013. The documentation dated 08/07/2013 revealed that the patient felt her symptoms were essentially unchanged. The patient was noted to undergo a urine drug screen that was reviewed on 06/24/2013. The patient had subjective complaints of low back pain a 4 to 5 before taking medications and it was indicated it dropped down to a 2 after taking the medications. The patient was noted to have numbness and tingling of the right leg and foot. The patient's diagnoses were noted to include musculoligamentous sprain of the lumbar spine, herniated disc L3-4, L4-5, and L5-S1 as well as status post laminectomy and discectomy L5-S1 in 09/2012. The treatment plan included Naproxen Sodium 550 mg #60; Omeprazole 20 mg #60 one daily used on conjunction with an anti-inflammatory medication to prevent stomach irritation; Methocarbamol 750 mg #90 one 3 times a day to relax muscles, relieve stiffness, pain, and discomfort caused by the injury; Cyclobenzaprine 10 mg #30 one before bedtime to prevent muscle spasms caused from painful muscle conditions; and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Hydrocodone/APAP 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had a decrease in the VAS score from 4 to 5 before medications to a 2 after taking medications. However, there was a lack of documentation of an objective improvement in function and side effects. The patient indicated per the clinical documentation that her symptoms had remained essentially unchanged. Given the above, the request for retrospective usage of Hydrocodone/APAP 5/325mg #30 is not medically necessary and appropriate

Prospective usage of Hydrocodone/APAP 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had a decrease in the VAS score from 4 to 5 before medications to a 2 after taking medications. However, there was a lack of documentation of an objective improvement in function and side effects. The patient indicated per the clinical documentation that her symptoms had remained essentially unchanged. Given the above, the request for prospective usage of Hydrocodone/APAP 5/325mg #30 is not medically necessary and appropriate.

Retrospective usage of Proton Pump Inhibitor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to be taking naproxen sodium and was taking omeprazole since 02/2013. The clinical documentation indicated the patient was to take 1 tablet daily to prevent stomach irritation and the prescription was for omeprazole 20 mg #60. The request as submitted failed to indicate the

medication, strength, and duration for the request. Given the above, the request for retrospective usage of Proton Pump Inhibitor is not medically necessary and appropriate

Prospective usage of Proton Pump Inhibitor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to be taking naproxen sodium and was taking omeprazole since 02/2013. The clinical documentation indicated the patient was to take 1 tablet daily to prevent stomach irritation and the prescription was for omeprazole 20 mg #60. The request as submitted failed to indicate the medication, strength, and duration for the request. Given the above, the request for prospective usage of Proton Pump Inhibitor is not medically necessary and appropriate

Retrospective usage of Methocarbamol 750mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants are recommended as a second-line option for short-term treatment in acute exacerbations of low back pain. The usage should be limited to less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on a muscle relaxant since 02/2013. There was a lack of documentation indicating a necessity for 2 medications in the same classification, used for the same purpose, as this request was Final Determination Letter for IMR Case Number [REDACTED] - [REDACTED] concurrently being reviewed for Methocarbamol 750 mg and cyclobenzaprine 10 mg. Additionally, there was a lack of documentation of objective functional improvement to support usage of this medication. The clinical documentation submitted for review failed to indicate the patient had muscle spasms to support the necessity for this medication. Given the above, the request for retrospective usage of Methocarbamol 750mg #90 is not medically necessary and appropriate.

Prospective usage of Methocarbamol 750mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended as a second-line option for short-term treatment in acute exacerbations of low back pain. The usage should be limited to less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on a muscle relaxant since 02/2013. There was a lack of documentation indicating a necessity for 2 medications in the same classification, used for the same purpose, as this request was concurrently being reviewed for Methocarbamol 750 mg and cyclobenzaprine 10 mg. Additionally, there was a lack of documentation of objective functional improvement to support usage of this medication. The clinical documentation submitted for review failed to indicate the patient had muscle spasms to support the necessity for this medication. Given the above, the request for prospective usage of Methocarbamol 750mg #90 is not medically necessary and appropriate.

Retrospective usage of Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended as a second-line option for short-term treatment in acute exacerbations of low back pain. The usage should be limited to less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on a muscle relaxant since 02/2013. There was a lack of documentation indicating a necessity for 2 medications in the same classification, used for the same purpose, as this request was concurrently being reviewed for Methocarbamol 750 mg and cyclobenzaprine 10 mg. Additionally, there was a lack of Final Determination Letter for IMR Case Number CM13-0065791 6 documentation of objective functional improvement to support usage of this medication. The clinical documentation submitted for review failed to indicate the patient had muscle spasms to support the necessity for this medication. Given the above, the request for retrospective usage of Cyclobenzaprine 10mg #30 is not medically necessary and appropriate.

Prospective usage of Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended as a second-line option for short-term treatment in acute exacerbations of low back pain. The usage should be limited to less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on a muscle relaxant since 02/2013. There was a lack of documentation indicating a necessity for 2 medications in the same classification, used for the same purpose, as this request was concurrently being reviewed for Methocarbamol 750 mg and cyclobenzaprine 10 mg. There was a lack of documentation of objective functional improvement to support usage of this medication. The clinical documentation submitted for review failed to indicate the patient had muscle spasms to support the necessity for this medication. Given the above, the request for prospective usage of Cyclobenzaprine 10mg #30 is not medically necessary and appropriate.

Prescription drug monitoring 10 panel random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate the use of urine drug screens is appropriate for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation indicated the patient had a prior urine drug screen in 06/2013. There was a lack of documentation indicating the patient had documented issues of abuse, addiction, or poor pain control. Given the above, the request for a prescription drug monitoring 10 panel random urine drug screen is not medically necessary and appropriate