

Case Number:	CM13-0066026		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2004
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 35-year-old male patient with a reported work related injury on 03/04/2004. The mechanism of injury was not provided. Electrodiagnostic studies on 02/07/2006 revealed left L4 and L5 radiculopathy. On 10/20/2006, MRI of the lumbar spine showed 4 mm disc protrusion at L4-5 with bilateral neural foraminal narrowing and effacement of the L4 exiting nerve roots. There was a 2 to 5 mm disc bulge at L5-S1 effacing the thecal sac and S1 transiting nerve roots; there was also bilateral neural foraminal narrowing. CT of the lumbar spine on 11/05/2010 showed decompression laminectomy at L4-5 with pedicle screws and an interbody disc cage. On 12/19/2011, a spinal cord stimulator provided 40% to 50% pain relief. 05/13/2013, the patient received an epidural steroid injection at L5-S1 which provided 50% to 60% pain relief to lower back as well as to radicular symptoms in the lower extremities. The patient is status post PLIF at L4-5 on 11/12/2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG # 240.00(DISPENSED 10/18/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting Page(s): 75.

Decision rationale: The CA MTUS 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 request for the retrospective Norco 10/325 mg #240 is non-certified. On physical exam, 03/12/2013, the patient presented with tenderness to palpation bilaterally with increased muscle rigidity over the posterior lumbar musculature. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles and decreased range of motion with both flexion and extension which showed obvious guarding. Motor testing in both lower extremities was between 4/5 to 4+/5, straight leg raise was significantly positive on the left at about 30 degrees in a modified sitting position. There was also decreased sensation to the left lower extremity. CA MTUS Guidelines do not recommend long-term use of short-acting opioids. Tapering should be individualized. Ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors is recommended. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. As such, the request for Norco 10/325mg # 240.00(dispensed 10/18/2013) is not medically necessary and appropriate.

ANAPROX DS 550mg #60.00(DISPENSED 10/18/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 22, 66.

Decision rationale: The CA MTUS Guidelines state "Naproxen is A Non-Steroidal Anti-Inflammatory Drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The request for the retrospective Anaprox DS 550 mg #60 is non-certified. The CA MTUS Guidelines do state that naproxen is recommended for the treatment of osteoarthritis and traditionally is the first line of treatment to reduce pain. However, long-term use is not recommended. As such, the request for Anaprox DS 550mg #60.00(dispensed 10/18/2013) is not medically necessary and appropriate.

PRILOSEC 20MG # 60.00(DISPENSED 10/18/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term PPI use Page(s): 68.

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

Decision rationale: The CA MTUS Guidelines states "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)." The request for retrospective Prilosec 20 mg #60 is non-certified. The CA MTUS Guidelines recommend the medication if the patient is at an intermediate risk for gastrointestinal events. The documentation provided for review did not suggest that the patient was having gastrointestinal upset and support the need for the medication. As such, the request for Prilosec 20mg # 60.00(dispensed 10/18/2013) is not medically necessary and appropriate.

FEXMID 7.5MG # 60.00(DISPENSED 10/18/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: The CA MTUS Guidelines states "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-operative 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 (Low Back Pain) and is associated with drowsiness and dizziness." The request for the retrospective Fexmid 7.5 mg #60 is non-certified. The CA MTUS Guidelines recommend the medication as an option; however, it is to be used for a short course of therapy and it is most effective in the first days of treatment. The documentation provided for review did not support the need for the medication. As such, the request for Fexmid 7.5mg # 60.00(dispensed 10/18/2013) is not medically necessary and appropriate.

DENDRACIN TOPICAL ANALGESIC CREAM 120ML # (DISPENSED 10/18/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The CA MTUS Guidelines states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for retrospective Dendracin topical analgesic cream 120 mL is non-certified. The CA MTUS Guidelines state that the medication is largely experimental in use

and primarily recommended for neuropathic pain. Given that the Guidelines do not recommend and the medication is largely experimental. Therefore, request for Dendracin Topical Analgesic cream 120ml # (dispensed 10/18/2013) is not medically necessary and appropriate.

TRIGGER POINT INJECTIONS #4.00(DISPENSED 10/18/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The CA MTUS Guidelines states "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months." The retrospective trigger point injections are non-certified. Radiculopathy was corroborated by diagnostic imaging and the CA MTUS Guidelines state that trigger point injections are not recommended for radicular pain. As such, the request for trigger point injections #4.00(dispensed 10/18/2013) is not medically necessary and appropriate.