

Case Number:	CM13-0066425		
Date Assigned:	05/05/2014	Date of Injury:	05/10/2009
Decision Date:	07/09/2014	UR Denial Date:	11/18/2013
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 Physical Medicine and Rehabilitation 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 female who reported an injury on 05/10/2009. The specific mechanism of injury was not provided. The documentation of 09/09/2013 revealed that the injured worker had low back pain with bilateral lower extremities radiation. The injured worker had tenderness to palpation over the paraspinal muscles. The injured worker had a positive sciatic notch test. The treatment plan included: awaiting scheduling for epidural steroid injection and continue with conservative therapy. The documentation of 10/21/2013 in the form of a Department of Worker's Compensation (DWC) Form request for authorization (RFA), revealed a request for condrolite, cyclobenzaprine, Norco, and Prilosec. The diagnosis included spinal discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDROLITE 500/200/150MG #90 THREE (3) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE Page(s): 50.

Decision rationale: The Chronic Pain Guidelines recommend glucosamine and chondroitin sulfate as an option for patients with moderate pain, especially for knee osteoarthritis. The diagnoses were noted to be lumbar radiculitis and spinal discopathy. There was a lack of documentation indicating the injured worker had osteoarthritis. The duration of use could not be established through the supplied documentation. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a prescription of condrolite 500/200/150 #90 mg three (3) times a day is not medically necessary.

FLEXERIL 7.5MG #60, TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The Chronic Pain Guidelines recommend muscle relaxants as a second line therapy for the short term treatment of acute low back pain and their use is recommended for less than three (3) weeks. There should be documentation of objective functional improvement. The duration of use could not be established through the submitted documentation; however, as the recommendation is for less than three (3) weeks, there was lack of documentation indicating a necessity for twice a day dosing #60. There was no documentation of objective functional benefit received from the medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation of muscle spasms to support the necessity for the medication. Given the above, the request for prescription of Flexeril 7.5 mg twice a day #60 is not medically necessary.

NORCO 10/325MG #120 EVERY SIX TO EIGHT (6-8) HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAIN TREATMENT AGREEMENT Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; OPIOIDS, ONGOING MANAGEMENT Page(s): 60 and 78.

Decision rationale: The Chronic Pain Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the duration of use. There was a lack of documentation of meeting the above criteria. This request would not be supported. Given the above, the request for prescription of Norco 10/325mg #120 every six to eight (6 to 8) hours as needed is not medically necessary.

PRILOSEC 20MG #60 TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 69.

Decision rationale: The Chronic Pain Guidelines recommend proton pump inhibitors (PPI) for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. The duration of use could not be established. There was a lack of documented rationale for necessitating twice a day dosing. There was a lack of documentation indicating the injured worker was at risk for gastrointestinal events. Given the above, the request for prescription of Prisoletc 20 mg twice a day #60 is not medically necessary.