

Case Number:	CM13-0067018		
Date Assigned:	05/05/2014	Date of Injury:	07/30/2001
Decision Date:	07/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 female who has filed a claim for post-lumbar laminectomy syndrome associated with an industrial injury date of July 30, 2001. A review of progress notes reports low back pain radiating to the left lower extremity, and neck pain radiating to both upper extremities. The patient also experiences difficulty swallowing. Findings include tenderness over the cervical and lumbar regions with restricted range of motion. There is decreased sensation along the left arm, forearm, and third to fifth digits; and along bilateral posterolateral thighs and calves, more on the left. There is also muscle rigidity of the lumbar region with numerous trigger points. Straight leg raise is positive on the left. Treatment to date has included NSAIDs, opioids, muscle relaxants, Ambien, Soma, physical therapy, trigger point injections, lumbar spinal cord stimulation, lumbar fusion, and cervical fusion surgery. A utilization review from December 02, 2013 provided partial certification for the requests of Anaprox 550mg #180, Prilosec 20mg #180, Fexmid 7.5mg #20, OxyContin 40mg #60, and Prozac 20mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the MTUS Chronic Pain Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since at least November 2013. The patient reports that this medication is effective in enabling functioning on a daily basis. This medication is a reasonable option for pain management in this patient, as this patient has been able to wean off Norco while on Anaprox and Oxycontin. However, the requested quantity is not specified. Therefore, the request for Anaprox 550mg is not medically necessary.

PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of MTUS Chronic Pain Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least November 2013. The patient notes gastric reflux. The requested quantity is not specified. Therefore, the request for Prilosec 20mg is not medically necessary.

FEXMID 7.5MG: 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 Page(s): 63-66.

Decision rationale: As stated in the MTUS Chronic Pain Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since at least November 2013. The patient reports that this medication is effective in enabling functioning on a daily basis. The requested quantity is not specified. Therefore, the request for Fexmid 7.5mg is not medically necessary.

OXYCONTIN 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the MTUS Chronic Pain Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least November 2013. The patient has been able to completely wean off Norco. The requested quantity is not specified. Also, there is no indication as to why a higher medication dose is necessary. Therefore, the request for Oxycontin 40mg is not medically necessary.

PROZAC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Prozac; Antidepressants for MDD.

Decision rationale: The ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. The patient has been on this medication since at least November 2013 for depression symptoms. This medication is reported to be effective. However, there is no documentation regarding the patient's depression symptoms. There is insufficient information regarding this patient's psychiatric condition. The requested quantity is not specified. Therefore, the request for Prozac 20mg is not medically necessary.