MAXIMUS Federal Services

Case Number:	CM14-0000513		
Date Assigned:	01/31/2014	Date of Injury:	09/15/2006
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 has filed a claim for lumbosacral disc degeneration associated with an industrial injury of September 15, 2006. Thus far, the patient has been treated with non-steroidal anti-inflammatory drugs (NSAIDs), opioids, gabapentin, heat, ice, stretching, exercise, chiropractic therapy, physical therapy, epidural steroid injection, and low back surgery. The patient failed spinal cord stimulator trial in the past. Current medications include Norco 10/325, Prilosec, Tramadol 50mg, docusate, Senna, Gabapentin, and Flexeril. The progress notes report that medications provide reduction of pain, increased activity tolerance, and restoration of partial overall functioning. A review of progress notes reports low back pain radiating to the lower extremities up to the great toes. Pain and flexibility have progressively worsened with colder weather. Findings include tenderness of the lumbosacral region with restricted range of motion. A utilization review dated December 06, 2013 indicates that the claims administrator denied a request for Flexeril as it is not recommended for long-term use; Prilosec as patient is not on NSAID therapy and does not meet the requirements for use of a proton pump inhibitor; Vicodin as patient reports low pain levels and experiences side effects from the medication without overall improvement in functioning. There is modified certification for Norco from #120 to #90 as patient reports low pain levels and thus weaning has been initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment 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. Opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. Long-term efficacy more than 16 weeks is unclear. The patient has been on opioids (Percocet 5/325mg) since May 2011, and on Norco since October 31, 2013. There is previous authorization for #90 dated December 06, 2013 to initiate a weaning process, as patient is on multiple opioid medications. There is no documentation regarding random urine drug screens to monitor proper medication use. In addition, the patient reports a pain level of 2/10, and continued opioid therapy is not necessary for mild pain. Therefore, the request for Norco 10/325mg was not medically necessary per the MTUS guidelines recommendations. As such, the request is not certified.

ONE PRESCRIPTION OF FLEXERIL 10MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, 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 non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The patient has been on this medication since at least April 2013. In this case, patient does not present with acute exacerbations of pain. Also, this medication is not recommended for long-term use. Therefore, the request for Flexeril 10mg was not medically necessary per the MTUS guidelines recommendations. As such, the request is not certified.

ONE PRESCRIPTION OF PRILOSEC 20MG #60: Upheld

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

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on non-steroidal anti-inflammatory drug (NSAID)

therapy who are at risk for gastrointestinal events. The risk factors include age older than 65; history of peptic ulcer, gastrointestinal bleed, or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. The Use of proton pump inhibitor (PPI) more than one year has been shown to increase the risk of hip fracture. In this case, the patient has been on this medication since at least May 2011, taken intermittently for symptoms of heartburn. The progress notes indicate that patient experienced heartburn with use of NSAIDs in the past. However, the patient has not been on NSAID therapy for over a year and does not meet other criteria for use of proton pump inhibitors. In addition, previous utilization review determination, dated December 11, 2013, has already certified this request. Therefore, the request for one prescription of Prilosec 20mg, #60 is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

ONE PRESCRIPTION OF VICODIN 5/500MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment 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. Opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. Long-term efficacy more than 16 weeks is unclear. The patient has been on opioids (Percocet 5/325mg) since at least May 2011, and on Vicodin since at least April 2013. There is no documentation regarding periodic urine drug screens. Also, the patient is experiencing side effect of constipation with long-term opioid therapy without significant objective improvements in overall functioning. The latest progress note does not indicate that the patient is still taking Vicodin. Therefore, the request for Vicodin is not medically necessary per the MTUS guidelines recommendations.

ONE PRESCRIPTION OF GABAPENTIN 300MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: As stated in the CA MTUS guidelines, gabapentin is useful for treating diabetic painful neuropathy and post-herpetic neuralgia, and is considered first-line for neuropathic pain. Th patient has been on this medication since at least May 2011. Previous utilization review determination, dated December 06, 2013, has already certified a request for Neurontin 300mg #180, which is also gabapentin. Therefore, the request for gabapentin 300mg is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.