MAXIMUS Federal Services

Case Number:	CM14-0001389		
Date Assigned:	01/22/2014	Date of Injury:	08/27/1999
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 45-year-old male who has filed a claim for chronic pain associated with an industrial injury date of August 27, 1999. Review of progress notes showed persistent low back pain with spasms. Patient also notes pain of both shoulders. Medications allow the patient to stay active. Findings include tenderness of the lumbar paraspinal muscles, and both shoulders. Treatment to date has included NSAIDs, opioids, muscle relaxants, Zoloft, gabapentin, lumbar epidural steroid injections, and sacroiliac joint blocks. Patient had low back surgeries in 2004 and 2007. Patient also had left shoulder arthroscopic surgery in 2007, and right shoulder arthroscopic surgery in 2009. Current medications include Norco 10/325mg 4-5 a day, Relafen 750mg, Neurontin 800mg, Zoloft 50mg, Flexeril 10mg, and Colace 100mg. Utilization review from December 27, 2013 denied the request for Zanaflex as there is no documentation of acute exacerbation of chronic low back pain, and Zoloft as there is no diagnosis of depression. There is partial certification for Norco for #100 to assist in safely terminating the patient's opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QTY: 200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80

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

Decision rationale: As noted on page 78-81 of the California MTUS 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. The employee has been on this medication since at least February 2013. There is no documentation regarding periodic urine drug screens to monitor proper medication use. The most recent progress reports do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Therefore, the request for Norco 10/325mg #200 was not medically necessary per the guideline recommendations of California MTUS.

ZANAFLEX 4 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63

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

Decision rationale: As indicated in the California MTUS Chronic Pain Medical Treatment 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 LBP. 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 employee has been on muscle relaxants (Flexeril) since at least December 2012. The employee notes that Flexeril does not work well for the spasms, and so was started on Zanaflex in December 2013. However, the employee is currently on an NSAID and there is no indication for necessity of a muscle relaxant. Also, the requested quantity is not specified. Therefore, the request for zanaflex 4mg was not medically necessary per the guideline recommendations of California MTUS.

RELAFEN 750 MG QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIINFLAMMATORY MEDICATIONS , 22

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

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment 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 employee has been on this medication since at least December 2012.

Previous utilization review determination, dated December 27, 2013, has already certified this request. Therefore, the request for Relafen 750mg #120 is not medically necessary.

ZOLOFT 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SSRIS , 107

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, sertraline (Zoloft); Antidepressants for treatment of MDD (major depressive disorder); Antidepressants for treatment of PTSD (post-traumatic stress disorder)

Decision rationale: The CA MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG indicates that sertraline (Zoloft) is recommended as a first-line treatment option for major depressive disorder that is moderate, severe, or psychotic; and post-traumatic stress disorder. The employee has been on this medication since at least December 2012. There is no documentation regarding depression symptoms in this employee. Also, the requested quantity is not specified. Therefore, the request for Zoloft 10mg was not medically necessary according to the guideline recommendations of ODG.

COLACE 100 MG QTY: 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE, 77

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. The employee has been on this medication since at least December 2012. Previous utilization review determination, dated December 27, 2013, has already certified this request. Therefore, the request for Colace 100mg #100 is not medically necessary.