

Case Number:	CM14-0002420		
Date Assigned:	01/24/2014	Date of Injury:	08/30/2006
Decision Date:	07/18/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/07/2014

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 is a 40-year-old male who was injured on August 30, 2006 while performing his customary and usual job as a mechanic. He sustained an injury to his back, knees, right shoulder, elbows, wrists, and developed psychological issues. Qualitative drug screen dated December 18, 2013 confirms the following drugs: acetaminophen, hydrocodone, hydromorphone, and tramadol, which is indicative of patient taking medications as prescribed. Pain re-evaluation note dated December 18, 2013 states that the patient has complaints of low back pain that radiates to bilateral lower extremities to the level of knee. The patient also complains of bilateral shoulder pain. The patient's pain level is increased with an average pain level of 8/10 with medications and 10/10 without medications. He reports his activities of daily living limitations are activity, ambulation, sleep, and sex. He also complains of GI upset from the medications. Objective findings on exam revealed a slow and assisted gait with the use of c cane. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. There is spinal vertebral tenderness noted in the lumbar spine at the L4-S1 level. There is lumbar myofascial tenderness and paraspinous muscle spasm noted on palpation. The patient is being prescribed Naproxen-sodium; Senna/docusate; Pantoprazole; hydrocodone bit/APAP; Butrans and Flexeril. Pain re-evaluation note dated 12/18/2013 states the patient complains of low back pain that radiates to bilateral lower extremities to the level of knee. The patient also complains of bilateral shoulder pain. The patient's pain level is increased with an average pain level of 8/10 with medications and 10/10 without medications. He also complains of GI upset from the medications. Objective findings on exam revealed a slow and assisted gait with the use of c cane. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. There is spinal vertebral tenderness noted in the lumbar spine at the L4-S1 level. There is lumbar myofascial tenderness and paraspinous muscle spasm noted on palpation. The patient is diagnosed with lumbar

radiculopathy, lumbar strain, anxiety, chronic pain, medication related dyspepsia, vitamin D deficiency, and right knee pain. The treating provider has requested Cartvisc 500-200-120mg #90, Vitamin D 2000 IU #100, Pantoprazole 20mg #30, Xanax 1mg #60, Hydrocodone/Bit/APAP 10/325mg # 120, and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC 500-200-120MG (#90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: According to the California MTUS Guidelines, glucosamine sulfate (and chondroitin) is recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). For all herbals and dietary supplements, there may be concerns for potential interactions with prescription and over-the-counter medications and lack of manufacturing quality controls. The patient does not have a diagnosis of arthritis. The medical records do not establish this patient has moderate arthritis pain. Therefore, the request is not medically necessary.

VITAMIN D 2000IU (#100): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin D (cholecalciferol).

Decision rationale: The Official Disability Guidelines, regarding Vitamin D, recommend consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. The medical records do not establish the existence of Vitamin D deficiency. Therefore, the request is not medically necessary.

PANTOPRAZOLE 20MG QUANTITY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs).

Decision rationale: According to the California MTUS Guidelines, Proton pump inhibitors (PPIs) are recommended for patients at intermediate or high risk of Gastrointestinal events. There is no problem with NSAIDs administration for patients with no risk of GI events. Guidelines indicate the following criteria to determine the patient as at risk of GI event; (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Although the available medical records address GI upset secondary to medication, they do not document any of the above mentioned criteria for the patient to be considered at risk of GI event. Therefore, the request is not medically necessary.

XANAX 1MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,66, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Alprazolam (Xanax®).

Decision rationale: The medical records do not establish a diagnosed anxiety disorder exists. Furthermore, according to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or addiction. Most guidelines limit use to four-weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. If an anxiety disorder exists, other medications, such as an antidepressant would be much more appropriate. Therefore, the request is not medically necessary.

HYDROCODONE BIT/APAP 10/325MG (#120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. It is classified as a short-acting opioids, which 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. Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not demonstrate that opioid medication has provided clinically significant benefit. The patient indicated 10/10 pain without medication and 8/10 pain with medication use. There is no indication that the opioid regimen allowed maintained return to work or clinically significant improved pain level and function. In addition, there is no documentation of use of non-opioid analgesics and non-pharmacologic measures for pain control. Chronic use of opioids is not generally supported by the medical literature. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Therefore, the request is not medically necessary.

FLEXERIL 10MG QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

Decision rationale: According to the California MTUS Guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on a recurring basis; however, benefit has not been demonstrated. Chronic use of muscle relaxants is not supported by the medical literature or recommended by the guidelines. The addition of cyclobenzaprine to other agents is not recommended. Therefore, the request is not medically necessary.