

Case Number:	CM14-0003418		
Date Assigned:	01/31/2014	Date of Injury:	09/21/1992
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 an employee of [REDACTED] and has submitted a claim for lumbar sprain associated with an industrial injury date of September 21, 1992. Treatment to date has included oral and topical analgesics, muscle relaxants, AEDs, home exercises, heat packs, physical therapy and acupuncture. Medical records from 2013 were reviewed and showed chronic low back pain. Physical examination showed an aligned lumbar spine with spasticity; DTRs 1+; a positive SLR on the right lower extremity; and +3 tenderness over the lumbar paravertebral muscles with muscle spasm. Diagnoses include lumbar muscle spasm and lumbar sprain/strain. Prescribed medications include Hydrocodone/APAP, Cyclobenzaprine and Omeprazole taken as far back as July 2013; and Gabapentin taken as far back as back as October 2013, based on the medical records submitted. It was also noted that the opioid dosing was gradually tapered from Hydrocodone/APAP 10/325mg (Norco) on October 16, 2013; decreased to 5/500mg (Vicodin) on November 13, 2013; and lastly to 2.5/500mg (Lortab) on December 18, 2013. The patient reports relief of low back pain and improvement in ADLs with Vicodin use without adverse effects noted; the patient also denies recent flare-ups based on the most recent progress report dated December 18, 2013. The utilization review dated December 26, 2013 denied the requests for 60 tablets of Cyclobenzaprine 10mg because the guidelines do not support long-term use, and there is no evidence to support any recent acute musculoskeletal injury or that the claimant's chronic complaints were recently exacerbated to support the use of a muscle relaxer; Hydrocodone/APAP 7.5/500mg due to no discussion regarding specific functional improvements with Norco despite extensive use, and no recent toxicology results for compliance or any long term opioid risk assessments; 60 Tablets of Gabapentin 600 mg because physical exam did not provide any specific findings to support ongoing pain secondary to a neuropathic etiology to substantiate continued use; 60 Capsules of Omeprazole 20mg due to no

discussion regarding any current GI side effects of medications or a prior history of GI issues that would support the continued use of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF CYCLOBENZAPRINE 10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63-64.

Decision rationale: Page 63-64 of the Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the patient has been taking Cyclobenzaprine as far back as back as July 2013; however there was no discussion of pain relief and functional benefit from its use. The guideline does not recommend long-term use of this medication. Moreover, the patient denies recent flare-ups of pain based on the most recent progress report dated December 18, 2013. The medical necessity has not been established at this time. Therefore, the request for Cyclobenzaprine 10 MG #60 is not medically necessary.

60 TABLETS OF HYDROCODONE/APAP 7.5/500MG: Upheld

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

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

Decision rationale: Page 78-81 of the Chronic Pain Medical Treatment Guidelines state that 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 lowest possible dose should be prescribed to improve pain and function. In this case, the patient has been on this medication since July 2013; the medical records show that the opioid dosing is gradually tapered. Up until the most recent progress report dated December 18, 2013, the patient reports relief of low back pain and improvement in ADLs with Hydrocodone/APAP 5/500mg (Vicodin) use without adverse effects noted. He also denies recent flare-ups hence the opioid dosage was further decreased to 2.5/500mg (Lortab). There was no discussion concerning the response of the patient to Lortab; it was unclear as to why the requested opioid dosage was increased back to 7.5/500mg when the patient was responding well with the current 5/500mg dosage. The guideline recommends the use of the lowest possible dose to improve pain and function. Moreover, there was no documentation regarding periodic urine drug screens to assess appropriate medication use. The medical necessity has not been established at this time. Therefore, the request for Hydrocodone/APAP 7.5/500MG is not medically necessary.

60 TABLETS OF GABAPENTIN 600 MG: Upheld

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

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

Decision rationale: Page 18 of the Chronic Pain Medical Treatment Guidelines state that gabapentin has been considered as a first-line treatment for neuropathic pain. In this case, the patient has a history of radiculopathy based on a progress report dated August 15, 2013. However, the most recent progress report did not show complaints of radiculopathy. The physical examination did show a positive SLR on the right lower extremity, however this was not elaborated further. There is no evidence that would support present radiculopathy in this patient that would warrant gabapentin use. The medical necessity for continued use has not been established. Therefore, the request for Gabapentin 600 MG #60 is not medically necessary.

60 CAPSULES OF OMEPRAZOLE 20 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, ,

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

Decision rationale: Page 68 of the Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes 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. In this case, the patient has been on this medication as far back as July 2013. There is no documentation regarding adverse gastrointestinal symptoms in this patient, and the patient does not have risk factors for increased GI events as listed above. The medical necessity for continued use of this medication was not established. Therefore, the request for Omeprazole 20 MG #60 is not medically necessary.