

Case Number:	CM14-0004807		
Date Assigned:	01/24/2014	Date of Injury:	09/26/2010
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, omeprazole, Myofibex, Restone, Topamax, chiropractic therapy, lumbar epidural block on the left, and facet blocks on the right. Review of progress notes low back pain graded 3/10, constant, achy, and burning with tenderness, more on the right. Findings include low back spasms over the facet joints and decreased range of motion. There is mild weakness of the left lower extremity. EMG/NCS of bilateral lower extremities dated January 10, 2013 showed evidence of mild left L4 radiculopathy, subacute to chronic. Utilization review dated December 30, 2013 indicates that the claims administrator denied a request for Norco, Relafen, Nexium, and cyclobenzaprine. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 TABLET 1-2 TABS DAILY BY MOUTH AS NEEDED FOR PAIN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of 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. For chronic back pain, the efficacy > 16 weeks is unclear but appears limited. Patient has been on this medication since November 2012. Patient notes that this medication makes it easier to stand or walk for twice the amount of time than without the medication. However, patient has presented with only mild pain levels as per recent progress notes and is also on NSAID therapy. There is no documentation of failure of NSAIDs in managing the patient's pain symptoms. Also, the efficacy of opioids for chronic low back pain after 16 weeks is not clear. Therefore, the request for Hydrocodone was not medically necessary per the guideline recommendations of CA MTUS.

RELAFEN TABLET 750 MG 1-2 TABLETS DAILY BY MOUTH AS NEEDED FOR PAIN #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 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 that there is no evidence of long-term effectiveness for pain or function. For chronic low back pain, NSAIDs are recommended for short-term symptomatic relief. Patient has been on NSAIDs (ibuprofen) since November 2012, and on this medication since November 2013. This is a reasonable option to use to manage patient's pain symptoms, seeing that patient's pain level has been decreasing. Therefore, the request for Relafen is medically necessary per the guideline recommendations of CA MTUS.

NEXIUM 20 MG 1 TAB BY MOUTH AS NEEDED FOR GASTRIC ACIDITY #30:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 68-69.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment 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. Patient has been on this medication since November 2012. Recent progress notes do not document GI symptoms, and patient does not have risk factors as listed above. Also, this medication is not recommended for long-term therapy

for more than 1 year. Therefore, the request for Nexium was not medically necessary per the guideline recommendations of CA MTUS.

CYCLOBENZAPRINE TABLET 2.5 MG 1 TAB ORALLY, 3X A DAY #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

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

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines page 63, 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 patient has been on this muscle relaxant (Zanaflex) since June 2013 and on Cyclobenzaprine since July 2013. Patient notes help with spasms from this medication. However, this medication is not recommended for long-term use and recent progress notes do not document acute exacerbation of pain symptoms. Therefore, the request for cyclobenzaprine was not medically necessary per the guideline recommendations of CA MTUS.