

Case Number:	CM14-0009689		
Date Assigned:	06/11/2014	Date of Injury:	04/27/2011
Decision Date:	08/08/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 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:

The injured worker is a 51-year-old female with a history of multilevel lumbar degenerative disc disease and lumbar facet arthropathy. According to the submitted clinical notes, the injured worker is being treated for chronic low back pain and left lower extremity pain as a result of an industrial injury. The current treatment is being provided under future medical. The progress report dated December 13, 2013 indicates that the injured worker presented for follow up and reported persistent low back pain with radiation to the left lower extremity with associated numbness and tingling. The documented physical examination findings are remarkable for diminished lumbar spine range of motion as well as lumbar paraspinal muscle tenderness. Continued use of Norco 10/325 mg, Flexeril 7.5 mg, Tramadol ER (extended release) 150 mg, Protonix 20 mg, and Naproxen 550 mg has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Weaning of Medications, and Opioids, criteria for use Page(s): 76-80, 91-94 &

124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list.

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines as well as the Official Disability guidelines, Norco, a short-acting opioid analgesic is indicated for moderate to moderately severe pain and for the management of break-through/episodic pain in patients taking long-acting opioid analgesics. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). Given the reported chronic neuropathic pain, failure to improve with conservative measures that have consisted of activity modifications, physical therapy, massage therapy and chiropractic manipulation as well as absence of signs of aberrant behavior or need to increase the dose or dosing interval of the prescribed opiate analgesics, medical necessity for continues use of Norco has been established per recommendations set forth by the Official Disability Guidelines and MTUS.

Protonix 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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 CA Chronic Pain MTUS and the Official Disability Guidelines, the use of proton pump inhibitors is recommended for patients at risk for gastrointestinal events. Proton pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by nonsteroidal anti-inflammatory drugs. Given the documented chronic nonsteroidal anti-inflammatory drug therapy (Naproxen 550 mg twice daily) medical necessity for use of Protonix 20 mg daily has been established per the cited guidelines. The previous denial was based on no reported gastrointestinal factors; however, the available clinical notes document chronic nonsteroidal anti-inflammatory drug therapy.

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: According to the CA Chronic Pain MTUS and the Official Disability Guidelines, the use of non-sedating muscle relaxants is recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Based on the

submitted clinical notes, the injured worker is taking Flexeril 7.5 mg twice per day on a regular basis and has been doing so for several months; chronic use is not supported by the cited guidelines.

Tramadol ER (extended release) 150 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list.

Decision rationale: According to the CA Chronic Pain MTUS and the Official Disability Guidelines, the use of Tramadol extended release, an extended release opioid is a viable opioid of first choice for patients suffering from osteoarthritis, low back pain, and neuropathic pain, offering more consistent and improved nighttime pain control, less need to awaken at night to take another dose of pain medication, and less clock-watching by patients in chronic noncancer pain. Given the reported chronic low back pain with associated radiculopathy, medical necessity for the continued use of Tramadol extended release has been established as per recommendations by the Official Disability Guidelines and the CA Chronic Pain MTUS with the understanding that #60 tablets is a 2 month supply. Tramadol extended release was denied on the basis that it is not recommended first-line. However, it should be noted that the first line opiate analgesic is Norco and adding an extended release opiate such as Tramadol extended release improves around the clock pain control, which is supported by the ODG and CA Chronic Pain MTUS.