

Case Number:	CM14-0100674		
Date Assigned:	09/16/2014	Date of Injury:	06/03/2002
Decision Date:	10/30/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal 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 an injured worker with lumbosacral conditions. The date of injury was 06-02-2002 and the patient is being treated for chronic low back complaints. On 5/30/2014, pain was rated 5/10 and described as aching with intermittent radiating cramping and burning pain down the left leg. Radiation down the right leg was noted to occasionally occur. The patient's complaints included muscle spasms down the left leg with intermittent painful numbness of the left foot. The objective findings included diffuse mild low back tenderness, lumbar flexion to 45 degrees with resultant pain over the lumbosacral spine and posteriolateral left leg, and relief of pain with lumbar extension. The patient was diagnosed with degeneration of the lumbosacral intervertebral disc, chronic pain syndrome, thoracic lumbosacral neuritis radiculitis, myalgia and myositis, lumbar postlaminectomy syndrome, muscle spasms, lumbago, medication induced gastroesophageal reflux disease, constipation, sacroilitis, lumbago, and pain induced insomnia. The treatment plan included request for Norco 10/325mg #180 with 3 refills, Docusate DSS 250mg #90 with 3 refills, Senna 8.6mg #90 with 3 refills, Flexeril 10 mg #90 with 3 refills, Gabapentin 200mg #180 with 3 refills, and Ibuprofen 800 mg #90 with 3 refills. Utilization review determination date was 6/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Chapter 3 of the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. The ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. The medical records document the long-term use of opioids. The ACOEM guidelines do not support the long-term use of opioids. The MTUS guidelines state that the lowest possible dose should be prescribed to improve pain and function. Norco 10/325 mg #180 with 3 refills, which is a total quantity of 720 tablets, was requested. The requested quantity with refills is a four month supply of opioid medication. The MTUS guidelines recommend an evaluation of clinical history and frequent review of medications. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS guidelines do not support the request for a total of 720 tablets of Norco 10/325 mg without regular clinical reevaluation. Therefore, the request for Norco 10/325mg #180 with 3 refills is not medically necessary.

DSS 250mg #90 with 3 refills.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation. Iowa City (IA) University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. p 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. The medical records document the prescription of the opioid Norco (Hydrocodone). MTUS guidelines support the medical necessity of prophylactic treatment of constipation for patients prescribed opioid medications. The use Docusate DSS is supported. Therefore, the request for DSS 250mg #90 with 3 refills is medically necessary.

Senna 8.6mg #90 with 3 refills.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation. Iowa City (IA) University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. p 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. Medical records document the prescription of the opioid Norco (Hydrocodone). MTUS guidelines support the medical necessity of prophylactic treatment of constipation for patients prescribed opioid medications. The use Senna is supported. Therefore, the request for Senna 8.6mg #90 with 3 refills is medically necessary.

Flexeril 10mg #90 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril, Cyclobenzaprine, <http://www.drugs.com/pro/flexeril.html>

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. The Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. The MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of Flexeril, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle

relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported. Therefore, the request for Flexeril 10mg #90 with 3 refills is not medically necessary.

Gabapentin 200mg #180 with 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The medical records documented neuropathic pain. The medical records documented the diagnoses of degeneration of the lumbosacral intervertebral disc, chronic pain syndrome, thoracic lumbosacral neuritis radiculitis, myalgia and myositis, lumbar postlaminectomy syndrome, muscle spasms, sacroilitis, and lumbago. The medical records document the long-term use of Gabapentin. The medical records and MTUS guidelines support the medical necessity of the continuation of Gabapentin. Therefore, the request for Gabapentin 200mg #180 with 3 refills is medically necessary.

Ibuprofen 800mg #90 with 3 refills.: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for back conditions. The medical records document the diagnoses of degeneration of the lumbosacral intervertebral disc, chronic pain syndrome, lumbosacral neuritis radiculitis, myalgia and myositis, lumbar postlaminectomy syndrome, muscle spasms, lumbago, and sacroilitis. The ACOEM guidelines support the use of Ibuprofen, which is an NSAID, for the patient's conditions. Therefore, the request for Ibuprofen 800mg #90 with 3 refills is medically necessary.