

Case Number:	CM14-0011750		
Date Assigned:	02/21/2014	Date of Injury:	03/04/2008
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 Tennessee. 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 67 year-old female who has filed a claim for chronic low back pain associated with an industrial injury date of March 04, 2008. Latest progress note submitted was dated January 29, 2013. Utilization review dated January 09, 2014 indicates that medical records from October and December 2013 reports increasing low back pain. Findings include spasms and painful, limited range of motion; positive straight leg raise test bilaterally; decreased motor strength of the lower extremities bilaterally; tenderness over the facet joints; and pain upon axial loading. Treatment to date has included muscle relaxants, gabapentin, lumbar support, opioids, physical and aquatic therapy, lumbar epidural steroid injections, lumbar support, TENS, and lumbar fusion surgery in January 2010. Utilization review from January 09, 2014 denied the requests for Prilosec #60 as the dosage was not indicated; and Zanaflex 4mg #60 and Fexmid 7.5mg as there was no functional improvement with previous use. There was modified certification for Norco 10/325mg for #120 as there was no documentation of continued benefit, and thus weaning was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QTY:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS 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. Patient has been on this medication since November 2009. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Also, the limited progress notes do not indicate patient's current pain condition. Previous utilization review determination, dated January 09, 2014, has already certified this request. Therefore, the request for Norco 10/325mg #120 is not medically necessary

PRILOSEC QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): NSAIDS.

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

Decision rationale: According to page 68 of 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 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. Patient has been on this medication since November 2009. The limited documentation does not indicate current NSAID therapy, or upper GI symptoms, to support the use of this medication. Also, the requested dosage is not specified. Therefore, the request for Prilosec #60 is not medically necessary.

ZANAFLEX 4 MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, 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. Patient has been on this medication since November 2009. The limited progress notes do not document patient's current pain condition. Also, this medication is not recommended for long-term use. Therefore, the request for Zanaflex 4mg #60 is not medically necessary.

FEXMID 7.5 MG (REFILL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. There is no documentation as to when this patient has been started on this medication. However, the limited progress notes do not document the patient's current pain condition. Also, the requested quantity is not specified. Therefore, the request for Flexeril 7.5mg is not medically necessary.