

Case Number:	CM14-0012685		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2000
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 61-year-old male injured on 06/03/02 due to undisclosed mechanism of injury. Current diagnoses included lumbar disc protrusion and disc extrusion at L5-S1, L4-5, and disc bulge at L3-4, lumbar spondylosis, right sided L5-S1 lumbar radiculopathy, probable right peroneal neuropathy, lumbar facet syndrome, and chronic myofascial pain syndrome. The injured worker presented reporting 70-80% pain relief after medial branch blocks at bilateral L3-4 on 01/15/14. The injured worker reported intermittent low back pain with constant pain in the low back axially radiating into mid back. The injured worker reported functionally significant improvement and pain at 2-3/10 on Visual Analogue Scale (VAS). Physical examination revealed improved range of motion in the lumbar spine, paravertebral muscle spasm and localized tenderness reduced in lumbar facet joint L4-5 and L5-S1, increased lumbar lordosis, mildly positive hyperextension maneuver of the lumbar spine, bilateral positive straight leg raise, manual motor strength 5/5, and no sensory disturbances to light touch in bilateral lower extremities. Treatment plan included trial of Duragesic patch 25mcg every three days, Relafen 750mg two times per day(BID), Norflex 100mg every night (QHS), Neurontin 600mg two times per day(BID), and Prilosec 200mg every day (QD) for stomach upset and burning, Colace 250mg every night (QHS) for constipation. The injured worker was to continue range of motion, stretching, strengthening, and spine stabilization home exercises. The initial request for Duragesic patch 25mcg trial, Relafen 750mg, Norflex 100mg, Neurontin 600mg, and Prilosec 20mg was initially non-certified on 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR DURAGESIC PATCH 25 MCG TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, Duragesic is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker rated his pain at 2-3/10 in the clinical documentation without the use of medications. As such, the medical necessity of 1 prescription for Duragesic patch 25mcg trial cannot be established at this time.

1 PRESCRIPTION FOR RELAFEN 750MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NABUMETONE (RELAFEN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 77.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for 1 prescription for Relafen 750mg cannot be established as medically necessary.

1 PRESCRIPTION FOR NORFLEX 100MG: 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 Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of 1 prescription for Norflex 100mg cannot be established at this time.

1 PRESCRIPTION FOR NEURONTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for 1 prescription for Neurontin 600mg cannot be recommended as medically necessary.

1 PRESCRIPTION FOR PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin(ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for 1 prescription for Prilosec 20mg cannot be established as medically necessary.