

Case Number:	CM14-0018703		
Date Assigned:	04/18/2014	Date of Injury:	09/26/2012
Decision Date:	07/23/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

This patient is a 33-year-old with a date of injury of September 26, 2012. The listed diagnoses per [REDACTED] are lumbar radiculopathy, lumbar spinal stenosis, herniated disk syndrome, muscle spasms, and anxiety. According to report dated January 6, 2014 by [REDACTED], the patient continues to report left low back pain with radicular symptoms down his bilateral lower extremities. He is currently receiving chiropractic treatment and reports some benefit. He states his current medication regimen is providing a "modicum" of relief and improved activity levels most days. He denies any side effects from the medications. The patient rated pain on a pain scale 6-7/10. Patient's medication regimen includes carisoprodol 350 mg, Duragesic 50 mcg/hr, oxycodone 20 mg, Oxycodone/acetaminophen 10/325 mg, Oxycodone 15 mg, hydrocodone/acetaminophen 10/325 mg, ibuprofen 800/26.6 mg, and Xanax 0.5 mg. Utilization review is dated February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISPRODOL (SOMA) 350MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. Treater is requesting a refill of Soma 350 mg. The Chronic Pain Medical Treatment Guidelines regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP (low back pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The patient has been prescribed Soma since October 10, 2012 by [REDACTED]. Muscle relaxants are recommended for short-term use only. The request for Carisprodol (Soma) 350mg is not medically necessary or appropriate.

OXYCODONE HYDROCHLORIDE (ROXICODONE) 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain Page(s): 60, 61; 88, 89; 80, 81.

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. Treater is requesting oxycodone hydrochloride 20 mg. This patient has been taking Oxycodone Hydrochloride 20mg since September 12, 2012. Review of reports from October 11, 2013 to January 6, 2014 indicates a numerical scale to assess the patient's pain, but there are no mention of functional improvement in terms of ADL's or return to work as required by the Chronic Pain Medical Treatment Guidelines. Given the lack of sufficient documentation, the patient should slowly be weaned off Oxycodone as outlined by the Chronic Pain Medical Treatment Guidelines. The request for Oxycodone Hydrochloride (Roxicodone) 20mg is not medically necessary or appropriate.

OXYCODONE/ACETAMINOPHEN (PERCOCET) 10/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain Page(s): 60, 61; 88, 89; 80, 81.

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. The treating physician is requesting Percocet 10/325 mg. Orthopedic surgeon, [REDACTED], prescribed Oxycodone/Acetaminophen on October 11, 2013. This progress report is the only report provided by [REDACTED]. The Chronic Pain Medical Treatment Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain

over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's (activities of daily living), adverse side effects and aberrant drug-seeking behavior. Review of reports from October 11, 2013 to January 6, 2014 indicates a numerical scale to assess the patient's pain, but there are no mention of functional improvement in terms of ADL's or return to work as required by the Chronic Pain Medical Treatment Guidelines. In addition, the patient is already prescribed Oxycodone Hydrochloride 15mg by [REDACTED], and Oxycodone 20mg and Duragesic by [REDACTED]. The records do not clearly state why another opioid is being initiated. The request for Oxycodone/Acetaminophen (Percocet) 10/325mg is not medically necessary or appropriate.

OXYCODONE HYDROCHLORIDE (ROXICODONE) 15MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain Page(s): 60, 61; 88, 89; 80, 81.

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. Report December 9, 2013 by [REDACTED] states patient has been prescribed Oxycodone 15mg q4-6hrs #150 by patient's PTP (primary treating physician) [REDACTED]. The date of the initial prescription cannot be found in the medical file as there are no reports by [REDACTED]. The Chronic Pain Medical Treatment Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's (activities of daily living), adverse side effects and aberrant drug-seeking behavior. There are no reports by the prescribing physician [REDACTED]. It is unclear as to why [REDACTED] is requesting a refill of the same medication that he is already prescribing but with a lower dosage. In this case there is no "pain assessment," no mention of functional improvement in terms of ADL's or return to work with taking this medication. The request for Oxycodone Hydrochloride (Roxicodone) 15mg is not medically necessary or appropriate.

HYDROCODONE / ACETAMINOPHEN (NORCO) 10/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain Page(s): 60, 61; 88, 89; 80, 81.

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. Treater is requesting Norco 10/325 mg. The medical file provided for review includes progress reports from October 11, 2013 to January 6, 2014. None of these reports list Norco as a prescribed medication nor are they any requests for this medication. The Chronic Pain Medical Treatment Guidelines, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. The Chronic Pain Medical Treatment Guidelines goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the patient is already taking multiple stronger opioids. It is unclear why Norco is being requested at this time as there is no discussion provided regarding this medication. The request for Hydrocodone/Acetaminophen (Norco) 10/325mg is not medically necessary or appropriate.

IBUPROFEN / FAMOTIDINE (DUEXIS) 800/26.6MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications; Famotidine Page(s): 22; 68, 69.

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. The treating physician is requesting Duexis 800/26.6 mg. Medical records document [REDACTED] (Orthopedic surgeon) first prescribed Duexis 800/26.6mg on August 20, 2013. Duexis is an NSAID (non-steroidal anti-inflammatory drug) and famotidine. For anti-inflammatory medications, Chronic Pain Medical Treatment Guidelines states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, The Chronic Pain Medical Treatment Guidelines state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." The Chronic Pain Medical Treatment Guidelines recommends determining risk for GI events before prescribing prophylactic PPI (proton pump inhibitor) or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA (acetylsalicylic acid) or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treating physician does not provide a discussion regarding functional improvement or return to work status with utilizing Duexis. In addition, the treating physician does not provide any GI risk assessment. The request for Ibuprofen/Famotidine (Duexis) 800/26.6mg is not medically necessary or appropriate.

ALPRAZOLAM (XANAX) 0.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with left low back pain with radicular symptoms down his bilateral lower extremities. The treating physician is requesting Xanax 0.5 mg. The Chronic Pain Medical Treatment Guidelines state, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." This patient has been prescribed Xanax since October 10, 2012. The Chronic Pain Medical Treatment Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of four weeks due to "unproven efficacy and risk of dependence."The request for Alprazolam (Xanax) 0.5mg is not medically necessary or appropriate.

Cyclobenzaprine (Flexeril) 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: The patient presents with lumbar radiculopathy, lumbar spinal stenosis, herniated disk syndrome, muscle spasms, and anxiety. The request is for Cyclobenzaprine (Flexeril) 10 mg. The patient began taking Flexeril on September 21, 2013. According to the MTUS guidelines, cyclobenzaprine is "not recommended to be used for longer than two to three weeks." Based on review of the reports, the patient appears to be prescribed this medication on a long-term basis. The request for Cyclobenzaprine (Flexeril) 10mg is not medically necessary or appropriate.