

Case Number:	CM14-0126163		
Date Assigned:	09/18/2014	Date of Injury:	09/23/2008
Decision Date:	11/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/08/2014

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 Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/23/08 when while pushing a heavy cart, it tipped over and while picking up bottle of water that had fallen he slipped on a water bottle falling on his back and tailbone. Treatments included physical therapy and acupuncture. In August 2011 he underwent a lumbar epidural steroid injection with significant improvement. In November 2011 a second injection was performed, but he had a worsening of his condition. He was having bilateral lower extremity weakness and pain and right sided neck and arm tenderness. He was having headaches. Subsequent treatments included additional physical therapy and acupuncture. In February 2012 there was reference to gastrointestinal upset. He was placed out of work in May 2013. He was seen on 04/21/14. Medications were Norco and Advil. Physical examination findings included bilateral posterior superior iliac spine (PSIS) and paraspinal muscle tenderness without spasm. There was positive straight leg raising. There was decreased thigh sensation bilaterally. Imaging results were reviewed. Diagnoses included L5-S1 spondylolisthesis, bilateral chronic S1 radiculopathy, meralgia paresthetica, and recurrent musculoligamentous injury to the lumbosacral spine. He was seen on 07/14/14. There had been an aggravation of low back pain and increased bilateral lower extremity numbness and tingling. Physical examination findings included lumbar paraspinal muscle tenderness with spasm and decreased range of motion. Straight leg raising was positive bilaterally. There was decreased lower extremity sensation. Authorization for a trigger point injection was requested. Omeprazole 20 mg #30, orphenadrine 100 mg #60 with 2 refills, zolpidem 10 mg #30, Medrox, Norco 10/325 mg #60, and Naprosyn 550 mg #30 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole Delayed Release 200mg #30 with two refills, Date of service: 7/14/14: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for L5-S1 spondylolisthesis, bilateral chronic S1 radiculopathy, meralgia paresthetica, and recurrent musculoligamentous injury to the lumbosacral spine. When seen by the requesting provider, there had been an aggravation of low back pain and physical examination findings included lumbar paraspinal muscle tenderness with spasm. The claimant has a history of gastrointestinal upset and ongoing medications include Naprosyn. Guidelines recommend consideration of a proton pump inhibitor such as Omeprazole for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of gastrointestinal upset. Therefore, the requested Omeprazole was medically necessary.

Retrospective Orphenadrine extended release 100mg #60 with 2 refills, Date of service: 7/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Orphenadrine Page(s): 63, 65.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for L5-S1 spondylolisthesis, bilateral chronic S1 radiculopathy, meralgia paresthetica, and recurrent musculoligamentous injury to the lumbosacral spine. When seen by the requesting provider, there had been an aggravation of low back pain and physical examination findings included lumbar paraspinal muscle tenderness with spasm. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, although the claimant had an exacerbation of his condition with muscle spasms, the three month duration of requested medication use is excessive and therefore, not medically necessary.

Retrospective Zolpidem Titrated 10mg #30 with three refills, Date of service 7/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming and may impair function and memory. It may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien was not medically necessary.

Retrospective Medrox #1 with two refills. Date of service: 7/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The claimant has a history of gastrointestinal upset and ongoing medications include Naprosyn. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications, only one medication should be given at a time. By prescribing a multiple combination medication in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Additionally, topical analgesics work locally underneath the skin where they are applied and can be recommended for patients with chronic pain where the target tissue is located superficially. This claimant does not have localized pain. Therefore, Medrox was not medically necessary.

Retrospective Hydrocodone (norco) 10/325mg #60 with two refills, Date of service: 7/14/14: Overturned

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, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Retrospective Naproxen Sodium 550mg #30 with five refills, Date of service 7/14/14:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for L5-S1 spondylolisthesis, bilateral chronic S1 radiculopathy, meralgia paresthetica, and recurrent musculoligamentous injury to the lumbosacral spine. When seen by the requesting provider, there had been an aggravation of low back pain and physical examination findings included lumbar paraspinal muscle tenderness with spasm. The claimant has a history of gastrointestinal upset and ongoing medications include Naprosyn. Oral NSAIDS are recommended for treatment of chronic persistent pain. Dosing of Naprosyn should not exceed 1100 mg/day. In this case, the requested Naprosyn dosing is within guideline recommendations and therefore, is medically necessary.