

Case Number:	CM14-0131924		
Date Assigned:	08/22/2014	Date of Injury:	12/08/2007
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 injured worker is a 60 year old male injured on 12/08/07. Diagnoses include lumbar pain and lumbar disc disorder with myelopathy. Clinical note dated 06/13/14 indicated the injured worker presented with complaint of chronic pain in the lumbar spine status post left micro decompression during clinical course. The injured worker reported condition has improved with depression better controlled with the use of Prozac. The injured worker presently employed with modification; however, continues to have some residual numbness and tingling in the left lower extremity. The injured worker also complained of acute flare up of myofascial pain in the right aspect of the lumbar spine. Physical examination revealed the injured worker visibly uncomfortable spasm and tenderness observed in the paravertebral muscles in the lumbar spine, decreased range of motion on flexion and extension, trigger point tenderness at the right aspect of the injured worker's low back, and well healed incision noted. The injured worker received trigger point injections during office visit. Treatment plan included refill of prescription medications with the exception of Norflex. The initial request for Hydrocodone/Acetaminophen, Norflex, Omeprazole, and Fluoxetine was initially non-certified on 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/Acetaminophen 5/325mg #30: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Retrospective Hydrocodone/Acetaminophen 5/325 milligrams quantity thirty cannot be recommended as medically necessary at this time.

Retrospective Norflex 100mg #100: Upheld

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

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

Decision rationale: As noted in 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 two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of retrospective Norflex 100 milligrams quantity 100 is not medically necessary.

Retrospective Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & 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, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 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 plus 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 (greater than one year) has been shown to increase the risk of hip fracture. As such, the Retrospective Omeprazole 20 milligrams quantity ninety cannot be established as medically necessary.

Retrospective Fluoxetine 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, selective serotonin re-uptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin re-uptake without action on noradrenaline, are controversial based on controlled trials. Prozac is recommended as a first-line treatment option for major depressive disorder. Documentation indicated the injured worker reported better control of depression with the use of Prozac. As such, the Retrospective Fluoxetine 20 milligrams quantity thirty is medically necessary.