

Case Number:	CM14-0153856		
Date Assigned:	09/23/2014	Date of Injury:	01/20/2001
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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 patient is a 63-year-old female who has submitted a claim for intervertebral disc disorder with myelopathy, lumbar region associated with an industrial injury date of January 20, 2011. Medical records from 2014 were reviewed. There was only one progress note available and it is dated 8/28/14. This progress note does not contain any information on the complaints of the patient and the objective findings. Treatment to date, according to the UR, has included chiropractic treatment, physical therapy, back brace, surgery, and medications. Medications include Flexeril, Norco, Ambien, Omeprazole and Naprosyn. Utilization review from September 4, 2014 denied the request for Flexeril 10mg #30, Norco 10-325 #120, Ambien CR 125mg #30, Omeprazole 20mg #30 and Naprosyn 500mg #60. The request for Naprosyn was denied because the patient had been on long term NSAID without any documentation of significant derived benefit through prior long-term use. The request for Flexeril was denied because there is no documentation of spasms on exam and the patient had been taking the medication long-term. The request for Norco was denied because there was no documentation that the prescriptions were from a single practitioner and that the lowest possible dose was prescribed. The request for Ambien was denied because there are no documentation symptoms of insomnia and the patient has prior long-term use. The request for omeprazole was denied because the patient is not at intermediate risk of GI event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67-73.

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the history and physical examination of the patient is unknown. The medical necessity of Flexeril cannot be established due to inadequate information. Therefore, the request for Flexeril 10mg, #30 is not medically necessary.

Norco 10-325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, In this case, the history and physical examination of the patient is unknown. The medical necessity of Norco cannot be established due to inadequate information. Therefore, the request for Norco 10-325mg, #120 is not medically necessary

Ambien CR 125mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-anxiety agents Page(s): 67-73. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Ambien

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

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the history and physical examination of the patient is unknown. The medical necessity of Ambien cannot be established due to inadequate information. Therefore, the request for Ambien CR 125mg, #30 is not medically necessary

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 67-73.

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the history and physical examination of the patient is unknown. The medical necessity of omeprazole cannot be established due to inadequate information. Therefore, the request for Omeprazole 20mg, #30 is not medically necessary.

Naprosyn 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the history and physical examination of the patient is unknown. The medical necessity of Naprosyn cannot be established due to inadequate information. Therefore, the request for Naprosyn 500mg, #60 is not medically necessary.