

Case Number:	CM14-0155115		
Date Assigned:	09/25/2014	Date of Injury:	01/15/1998
Decision Date:	11/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 53-year-old female who reported an injury on 01/15/1998. While working as a caregiver, the injured worker was required to give a patient a bath. She was on a bent knee when her patient suddenly fell backwards toward her. The diagnosis was lumbar discogenic disease. The physical examination on 09/11/2014 revealed that all medications were working well and the injured worker was doing well with them. Medications were hydrocodone, gabapentin, trazodone, Narcosoft, cyclobenzaprine, Lidoderm patches, ibuprofen, and EnoRx cream. The examination of the lumbar spine revealed flexion was to 30 degrees and extension was to 0 degrees. Pain in the low back radiated into the buttocks. There was no evidence of neurological loss. The treatment plan was to continue medications as directed. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy <http://fdb.rxlist.com/drugs/drug-160422-Narcosoft+Oral.aspx?drugid=160422>.

Decision rationale: The decision for Narcosoft QTY: 60 is not medically necessary. The California Medical Treatment Utilization Schedule states for initiating therapy for patients who are on an opioid medication, a prophylactic treatment for constipation should be initiated. According to RxList.com, Narcosoft is a stool softener. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request is not medically necessary.

Ibuprofen 800mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 67.

Decision rationale: The decision for ibuprofen 800 mg QTY: 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend nonprescription medication including ibuprofen for the treatment of pain and inflammation. This medication is sold over the counter. The request does not indicate a frequency for the medication. The efficacy of this medication was not reported. The functional improvement for the injured worker was not reported. Therefore, the request is not medically necessary.

Trazodone 100mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: The decision for trazodone 100 mg QTY: 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request is not medically necessary.

Enovarx/Cyclo/Enzaprine 2% (topical): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Cyclobenzaprine Page(s): 111, 41.

Decision rationale: The decision for EnoRx/cyclo/enzaprine 2% (topical) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence of use of any other muscle relaxant as a topical product. The medical guidelines do not support the use of compounded topical analgesics. They do not approve of the topical use of cyclobenzaprine. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Cyclobenzoprine 7.5mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The decision for cyclobenzaprine 7.5 mg QTY: 60 is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, the request is not medically necessary.

Omeprazole 20mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Omeprazole 20 mg QTY: 60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A

non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The request does not indicate a frequency for the medication. The efficacy of this medication was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.