

Case Number:	CM14-0157485		
Date Assigned:	09/30/2014	Date of Injury:	04/06/2009
Decision Date:	11/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 claimant injured her low back on 04/06/09. Follow-up with a pain psychologist, cyclobenzaprine, hydrocodone/APAP, and Senna-S are under review. She has also been seen by a surgeon and a GI specialist. Her diagnoses include lumbar radiculopathy with facet arthritis, spondylosis, and degenerative disc disease. She is status post microlumbar decompression on the right at L5-S1 in May 2013. She was seen by the pain management physician on 07/03/14 and was prescribed Terocin, cyclobenzaprine, hydrocodone/APAP, and gabapentin (on a trial basis.) She was to use omeprazole for her GERD symptoms. She was evaluated on 08/28/14. She had upper and lower back pain with radiation to the bilateral lower extremities. There was no significant change. She was using a lumbar corset and walker for ambulation. Her medications included Norco, Flexeril, gabapentin, and Terocin patches. She was also using Nexium. Medications reduce her pain from 8/10-7/10 for approximately 40 minutes. The relief was not significantly better with the medications but when they wear off she feels as though the pain is worse. She had stomach upset. She had pain in the upper and lower back at level 8-9/10. She also had cramping pain with numbness and pins and needles in the legs. There was nothing that helped the pain. Her gait was mildly antalgic. She had mild weakness and decreased sensation in the left lower extremity. SLR was positive bilaterally. DVT had been ruled out on 08/14/14. She had a CT scan on 05/13/14 that revealed a diffuse disc bulge at L4-5 encroaching the anterior epidural space. MRI of the lumbar spine in December 2012 revealed degenerative joint disease and facet arthropathy at L5-S1 with a right paracentral protrusion and annular fissure slightly contacting the right S1 nerve root. EMG on 05/22/14 was normal. She was referred back to the spine surgeon. She was referred to a GI specialist for her severe stomach pain and burning. Psychiatric follow-up care was scheduled for the following month. She was to continue aquatic therapy. On 08/26/14, the note states she had an H. pylori stomach infection

which was treated. She was authorized for aquatic therapy and was to see the psychologist for follow-up. Pain management follow-up was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Evaluation with a Pain Psychiatrist (Lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 133.

Decision rationale: The history and documentation do not objectively support the request for follow up with a pain psychologist for the low back. The MTUS state "psychological treatment is recommended for appropriately identified patients during treatment for chronic pain." In this case, the indication for this type of referral is unclear. There is brief mention of depression in the records and brief history that the claimant has seen the pain psychologist before. However, there is no description of the claimant's prior treatment or what measurable objective or functional benefit she received from it. The specific goals of this type of referral are not stated. There is evidence that she reported depression and anxiety but little documentation that a current mental health screening was done and was documented. The medical necessity of this request for a follow up visit with the pain psychologist she had seen in the past at an unknown time has not been clearly demonstrated. Therefore, the request is not medically necessary.

Prospective Usage of Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine 7.5mg #90. The MTUS state for cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects

within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm that have responded to this medication. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. Her pattern of use of this medication, the indications for use, and the response and duration, are not stated in the records. There is no evidence that the claimant has been involved in an ongoing exercise program to try to maintain any benefit she receives from medication. She has also stated that her medications are not really helpful. As such, this request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, hydrocodone/APAP 10/325 mg #60. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment 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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone/APAP is unclear other than that she takes it and she states it does not help much. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his follow up office visits. The recommended dosage of this medication, in particular the frequency of the doses, is unclear. As such, the medical necessity of the request has not been clearly demonstrated.

Senna-S 8.6/50 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use for a Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014. Senna-S

Decision rationale: The history and documentation do not objectively support the request for Senna-S 8.6/50 #90. The MTUS do not specifically address its use and the PDR recommend it for prevention or treatment of constipation. In this case, GERD has been documented but there is no evidence of constipation. The indications for the use of this medication are not described and none can be ascertained from the records. It may be used to prevent constipation associated with chronic opioid use but the opioids should be discontinued. Therefore, the medical necessity of the use of Senna-S has not been clearly demonstrated.