

Case Number:	CM14-0159742		
Date Assigned:	10/03/2014	Date of Injury:	10/10/1995
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 52-year-old male who reported an injury on 10/01/1995. The mechanism of injury was not specified. His diagnoses include status post lumbar spinal fusion. Past treatments have included medications. On 06/24/2014, the injured worker had a follow-up with his primary treatment provider for medication refills and blood work follow-up. His pain levels were noted to be 3/10 with medications and 8/10 without, lasting for at least 5 hours. The physical examination revealed tenderness and pain, a decrease in range of motion, and a positive straight leg raise. His medications include Norco 5/325 mg as needed, Prilosec 20 mg daily, Flexeril 5 mg twice a day, and Sonata. The treatment plan included a refill of medications. Requests were received for Prilosec 20 mg #3, Norco 5/325 mg #60, Sonata 10 mg #30, and Flexeril mg #30. A rationale was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #30 is not medically necessary. According to the California MTUS Guidelines, the use of proton pump inhibitors (PPI) may be recommended for treatment of gastrointestinal (GI) upsets or dyspepsia related to non-steroidal anti-inflammatory drugs (NSAIDs) use. However, a determination is needed for patients at risk for GI events included; an age greater than 65, a history of peptic ulcers, GI bleeding, or perforation, current use of ASAs, corticosteroids and/or anticoagulants, a high dose/multiple NSAIDs. The injured worker is noted to have chronic low back pain. However, the documentation failed to indicate the injured worker had any GI issues or events. He is also under the age of 65 with lack of evidence of GI bleeding or perforation, current use of corticosteroids and/or anticoagulants, and an indication of high dose/multiple NSAIDs. Based on the injured worker not meeting the criteria, the request is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Prilosec 20mg #30 is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Norco 5/325mg #60 is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of their pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes should effect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs and their outcomes over time. The current pain should be included with 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 with a current urine drug screen. The injured worker is noted to have chronic low back pain. The documentation indicated the injured worker to have been on Norco since at least 06/24/2014 with his pain levels at 3/10 with medications and 8/10 without lasting for at least 5 hours. The documentation failed to provide sufficient evidence in regards to the injured worker's improvement in functional status, any side effects experienced, and a current urine drug screen to indicate aberrant drug related behaviors. Although the injured worker was noted to have pain relief levels with medications at 3/10, and without medications at 8/10 lasting at least 5 hours, there is a lack of documentation referencing adverse side effects, improvement in activities of daily living, non-adherent drug related behaviors, and a current urine drug screen as stated by guidelines, the request is not supported. In addition, the request failed to provide a frequency. As such, the request for Norco 5/325mg #60 is not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Sonata 10mg #30 is not medically necessary. According to the Official Disability Guidelines (ODG), sedative hypnotics are not recommended for long term use, but may be recommended for short term use. It is also indicated that they should be limited to 3 weeks maximum in the first 2 months of injury to discourage use in the chronic phase. Furthermore, it is indicated that they can be habit forming, may impair function, impair memory, and they may also increase pain and depression over the long term. The injured worker was noted to have chronic low back pain. It is also indicated the injured worker has been on sonata since at least 06/24/2014. There is no documentation indicating the injured worker has insomnia or is treated for insomnia. There is lack of documentation indicating that the injured worker has been treated for insomnia. The medication is recommended for short term use only, with the indication that the injured worker has been using it since 06/24/2014. Therefore, request is not supported by the guidelines. In addition, the request fails to specify a frequency. As such, the request for Sonata 10mg #30 is not medically necessary.

Flexeril mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Flexeril mg #30 is not medically necessary. According to the California MTUS Guidelines, muscle relaxants are only recommended as a second line option for short term treatments of acute exacerbations in patients with chronic low back pain, and they may be effective in reducing pain, muscle tension, and increasing mobility. However, they show no benefits in pain and overall improvement beyond non-steroidal anti-inflammatory drugs (NSAIDs). The injured worker is noted to have chronic low back pain. It is also indicated that the injured worker has been on Flexeril since at least 06/24/2014. There is a lack of documentation indicating the injured worker has significant spasms or any significant objective functional improvement with the medication. Furthermore, the continued use of the medication would exceed the guidelines' recommendation for short term use. Therefore, the request is not supported by the guidelines. In addition, the request fails to specify a dosage or a frequency. As such, the request for Flexeril mg #30 is not medically necessary.