MAXIMUS Federal Services

Case Number:	CM14-0168891		
Date Assigned:	10/17/2014	Date of Injury:	10/27/2008
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Interventional Spine 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 48 year-old male with the date of injury of 10/27/2008. The patient presents with pain in his mid and lower back, radiating down his legs bilaterally. The patient rates his pain 8/10 on the pain scale. The patient presents limited range of lumbar motion. His lumbar flexion is 50 degrees, extension is 15 degrees and lateral rotation is 15 degrees. CAT scan of the lumbar spine shows good positioning of the instrumentation and hardware at the L4-5 level. The patient is currently taking Norco, Prilosec and Flexeril. According to [redacted]' report on 07/21/2014, his diagnosis is status post lumbar revision surgery. The utilization review determination being challenged is dated on 10/02/2014. [redacted] is the requesting provider, and he provided treatment reports from 04/14/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole 20 mg #90: 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): 69.

Decision rationale: The patient presents with pain and weakness in his lower back and legs. The request is for Prilosec (Omeprazole) 20mg #90. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. This request is not medically necessary.

Flexeril (Cyclobenzaprine) 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: The patient presents with pain and weakness in lower back and legs. The request is for Flexeril (Cyclobenzaprine) 10mg #60. MTUS guidelines page 63-66 states " Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions; recommended for a short course of therapy." The treating physician's reports do not contain any indication of exactly when the patient began taking Flexeril or how Flexeril has been helping in terms of decreased pain or functional improvement. The treating physician does not indicate that this medication is used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-ups. Without knowing how long the patient has been using this medication, recommendation is for not medically necessary.

Menthoderm Ointment, 1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Topical Analgesics Page(s): 111, 113.

Decision rationale: The patient presents with pain and weakness in his lower back and legs. The request is for Menthoderm Ointment tube. Menthoderm contains methyl salicylate, a topical NSAID. MTUS guidelines page 111-113 primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, the patient presents with low back pain and not peripheral joint problems for which topical NSAIDs are indicated. This request is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s):.

Decision rationale: The patient presents with pain and weakness in his lower back and legs. The request is for Norco 10/325mg #120. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. This request is not medically necessary.