

Case Number:	CM14-0170730		
Date Assigned:	10/23/2014	Date of Injury:	01/14/2010
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Ohio. 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 39-year-old female with a date of injury of January 14, 2010. She complains of low back pain radiating to the right lower extremity with associated numbness, tingling, and weakness. She also has neck pain radiating to the right arm with numbness and tingling. The physical exam reveals diminished lumbar range of motion and tenderness to palpation in the lumbar area. Lower extremity strength is normal. Cervical range of motion is normal. There is tenderness to palpation of the rhomboids and trapezii. An MRI scan of the lumbar spine reveals a disc extrusion and fissure at the L4-L5 level with flattening of the thecal sac and possibly left-sided L5 nerve root impingement. The diagnoses include lumbar disc displacement with radiculitis, cervical disc displacement with radiculitis, that pain, low back pain, thoracic pain, and coccydynia. A functional improvement questionnaire from August 1 of 2014 reveals a 25%-50% pain reduction as a consequence of her medications. She reports improved functionality with being able to walk/stand 30 to 40 minutes longer than otherwise and an increased ability to care for her children, cook, and clean.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tablet 10/325mg 1 tablet orally BID 60 days, #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Specific drug list; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The referenced guidelines state that those requiring opioids chronically are in need of ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. It is stated that opioids may be continued if the injured worker has returned to work and/or has improved pain and functionality as a consequence of the opioids. In this instance, there is clear documentation of improved pain and functionality as a consequence of the opioids. Therefore, Hydrocodone/APAP tablet 10/325mg 1 tablet orally BID 60 days, #120 is medically necessary.

Fexmid tablet 7.5mg 1 tablet orally at bedtime 60 days, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants (for pain).

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

Decision rationale: Fexmid is a muscle relaxant known generically as cyclobenzaprine. Muscle relaxants are recommended as an option in acute cases of moderate to severe LBP and for acute spasms. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of muscle relaxants in acute LBP. Muscle relaxants are commonly used for the treatment of low back problems. Pharmacologically, these are usually benzodiazepines, other sedative medications, or antihistamine derivatives. The therapeutic objective of muscle relaxants is to reduce low back pain by relieving muscle spasm. However, the concept of skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. In this instance, muscle relaxants in one form or another have been in continuous use for several months. Additionally, the quantity of Fexmid requested is not in alignment with the duration of the prescription. Therefore, Fexmid tablet 7.5mg 1 tablet orally at bedtime 60 days, #90 is not medically necessary.

Fenoprofen capsule 400mg 1 capsule orally BID 60 days, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, specific drug 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs),

including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. NSAIDs are recommended for early use only. Patients with acute low back pain receiving recommended first-line care did not recover more quickly with the addition of diclofenac or spinal manipulative therapy, according to the results of a randomized controlled trial in the November 8 issue of *The Lancet*. Another review of the literature on drug relief for low back pain (LBP) suggests that the popular nonsteroidal anti-inflammatory drugs (NSAIDs) are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this instance, nonsteroidal anti-inflammatory drugs have been in constant use for several months and in fact seem to be causing symptoms of acid reflux. Therefore, because NSAIDs are recommended for short-term use with regard to low back pain and in this instance they have been used for several months and seem to be causing heartburn, Fenoprofen capsule 400mg 1 capsule orally BID 60 days, #120 is not medically necessary per the referenced guidelines.

Prilosec DR capsule 20mg 1 tablet orally BID PRN 60 days, #120: 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), Pain Chapter, Proton Pump Inhibitors, Prilosec (Omeprazole)

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

Decision rationale: Proton pump inhibitors are recommended as an addition to NSAIDs when one or more of the following risk factors for gastrointestinal events are present: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, the injured worker appears to possess none of the above risk factors for ulceration. Additionally, the requested NSAID is felt to be not medically necessary. Therefore, Prilosec DR capsule 20mg 1 tablet orally BID PRN 60 days, #120 is not medically necessary.