MAXIMUS Federal Services

Case Number:	CM14-0173354		
Date Assigned:	10/24/2014	Date of Injury:	05/06/2008
Decision Date:	12/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 51-year-old female with a date of injury of 05/06/2008. The listed diagnoses per [redacted] are: 1. Status post C4 to C7 anterior cervical diskectomy and fusion 03/17/2011; 2. Cervical stenosis, C4 to C5, C5 to C6 and C6 to C7 with discogram positive pain at C3 to C4, C4 to C5, and C5 to C6; 3. Multilevel lumbar disk desiccation and bulging with radiculopathy with positive discography at L4 to L5, L5 to S1; 4. Thoracic strain; 5. Depression; 6. Insomnia. According to progress report 08/19/2014, this patient presents with persistent neck, low back, and bilateral shoulder pain rated as 8/10. She also complains of aching bilateral wrists with numbness rated as 6/10. Her current medications include omeprazole, Norco, Xanax, Wellbutrin, and Soma "which have helped her." Examination revealed tenderness in the paraspinal musculature of the cervical, thoracic, and lumbar spine. There is tenderness about the insertion of the paraspinal muscles at the occiput. There is bilateral trapezial muscle tenderness. Muscle spasm is noted over the cervical spine. The treating physician is requesting a refill of Xanax 2 mg #30, Prilosec 20 mg #240, Norco 10/325 #360, and Soma 350 #240. He is also initiating a trial of Ultram 50 mg #90 with 3 refills. Utilization review denied the request on 09/15/2014. Treatment reports from 04/01/2014 through 08/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg, Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder complaints. The treating physician is requesting a refill of Xanax 2 mg Qty: 120 "to be utilized for sleep." For benzodiazepines, the MTUS Guidelines on page 24 states, "benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependency." The medical file indicates the patient has been prescribed this medication since at least 04/01/2014. Xanax is not indicated for long term use; therefore, recommendation is that the request is not medically necessary.

Prilosec 20mg Qty: 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories Page(s): 22.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder complaints. The treating physician is requesting a refill of Prilosec 20 mg #240 "to be utilized to treat the stomach upset which sometimes occurs when the patient takes medication to treat her orthopedic problems." For anti-inflammatory medications, the MTUS Guidelines on page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed this medication since at least 04/01/2014 for her stomach upset. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treating physician provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Recommendation is that the request is not medically necessary.

Ultram 50mg Qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treating physician is initiating Ultram 50 mg #360. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. Review of the medical file indicates the patient has been taking Norco since 04/01/2014 and on 08/19/2014, the treating physician added Ultram to patient's medication regimen. The treating physician does not discuss why this medication is being provided concurrently with Norco. In this case, the treating physician does not provide baseline pain or functional assessments to necessitate a start of a new opioid. Recommendation is that the request is not medically necessary.

Norco 10/325 Qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder complaints. The treating physician is requesting a refill of Norco 10/325mg #360. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. The patient has been prescribed Norco since at least 4/1/14. The treating physician provides a pain scale to denote a decrease in pain, but there are no specific ADLs to show significant change, and no outcome measures are provided to show how the medication is used and with what effect. There is no discussion of possible adverse side effects or urine drug screens, and there is no CURES report mentioned for appropriate opiates management. Given the lack of sufficient documentation demonstrating the efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS. Recommendation is for denial.

Soma 350mg QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 47,Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding muscle relaxant Page(s): 63, 64.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder complaints. The treating physician is requesting a refill of Soma 350 mg #240. The MTUS

Guidelines page 63 regarding muscle relaxant states, "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP." Review of the medical file indicates the patient has been prescribed this medication since 05/03/2014. Muscle relaxants are not recommended for long term use and recommendation for further use cannot be made. Recommendation is that the request is not medically necessary.