

Case Number:	CM14-0179865		
Date Assigned:	11/04/2014	Date of Injury:	05/27/2004
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 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:

57 year old female injured at work on 27 May 2004 while carrying a heavy object. She has been diagnosed with strain of lumbar spine with associated multilevel lumbar spondylosis, left trochanteric bursitis, left iliotibial band syndrome, and upper extremity paresthesias. Presently, she complains of 4/10 pain in her lower back and left hip with right lower leg numbness without weakness or pain. Examination in July 2014 showed tenderness to palpation of left side of spinous processes L2 and L3 and bilaterally at L4, L5 and S1, restricted range of motion with pain on extension, and decreased sensation in left L2 and L3 distribution. Straight leg raise was normal. Lumbar MRI in 2005 showed diffuse minor degenerative disc changes at L2-3, L4-5 and L5-S1. Subsequent electromyography (EMG) and nerve conduction velocity (NCV) studies were normal. Treatment has included physical therapy, chiropractic treatments, transcutaneous electrical nerve stimulation (TENS), media branch block bilateral at L4-5, L5-S1 (gave temporary relief only), bursa injection and medications (Norco (-taking this medication for at least the last 6 months - gives 50% relief lasting 3 hours and improved activities of daily living (ADLs) - prior drug screen was consistent with prescribed medication), Flexeril (for at least the last 6 months), omeprazole (for her complaint of dyspepsia), Lodine, gabapentin). Currently she takes Norco, Flexeril, omeprazole, Lodine, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 135: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 60, 74-96.

Decision rationale: Norco is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose, according to the MTUS, is limited to 4 gm of acetaminophen per day which is usually 60mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The pain guidelines in the MTUS directly address this issue and have a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations. The records also document stability in dosing, in that the same dose or lower of opioid the patient was taking 6 months ago is still in present use. This is not the pattern you will see in addiction. Since the patient is not displaying signs of addiction, the medication is effective in lowering the patient's pain and the patient is being appropriately monitored by the treating provider, chronic use of opioids in this instance is not contraindicated.

Flexeril 10 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 41-2, 63.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for at least 6 months. Since there is no documented effect specific to this medication that would suggest chronic use and since the patient is already taking a NSAID, there is no indication to continue use of this medication.

Omeprazole 20 mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since chronic opioid use in this patient may be the cause of her dyspepsia, the patient is safely taking chronic opioid and chronic NSAID preparations that follow that use of omeprazole, which in this patient is appropriate.

Etodolac 400 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 67-9.

Decision rationale: Etodolac (Lodine) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations, it is not indicated for use at this time.

Gabapentin 300 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-9, 49, 113.

Decision rationale: Gabapentin (Neurontin) is classified as an anti-epileptic and analgesic medication indicated for treatment of seizures and as a first line treatment option for neuropathic pain (eg: diabetic neuropathy, post-herpetic neuralgia, and central neuropathic pain). There is not good objective evidence in the medical records that this patient has neuropathic pain, as

evidenced by: the EMG/NCV was normal, the MRI does not show nerve impingement and none of the diagnoses reflect a neuropathic origin to the patient's pain. Medical necessity for use of this medication has not been established.