

Case Number:	CM14-0180645		
Date Assigned:	11/05/2014	Date of Injury:	12/09/2007
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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:

This is a 64-year-old male with a 12/9/07 date of injury. Regarding a handwritten and partially illegible progress note dated 7/9/14, the patient stated that he received 75% improvement of his low back pain following injection. He would like to have another one if authorized. He reported his pain level as 5/10 with medications and 9/10 without medications. Medications allowed him to perform activities of daily living and improve participation in his home exercise program. Objective findings: tenderness to palpation of lumbar paravertebral muscles, positive SLR of low back, decreased lumbar range of motion. Diagnostic impression: lumbar spine sprain/strain, thoracic spine sprain/strain, cervical spine sprain/strain. Treatment to date: medication management, activity modification, home exercise program, lumbar epidural steroid injection. A UR decision dated 10/9/14 modified the requests for Norco and Fexmid to certify a one-month supply for weaning purposes and denied the request for Prilosec. Regarding Norco and Fexmid, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. In addition, there has not been recent provided evidence of screening exams for misuse. Regarding Prilosec, there is no evidence that the patient is at significantly increased risk for the noted guideline-associated gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical reports provided for review, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for MED Norco 5/325mg #60 was not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, there is no documentation that this patient has gastrointestinal complaints. In addition, there is no documentation that this patient is currently taking an NSAID medication and requires prophylaxis from NSAID-induced gastritis. Therefore, the request for Prilosec 20mg #30 was not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long this patient has been taking Fexmid. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that this patient has had an acute exacerbation to his pain. Therefore, the request for Fexmid 7.5mg #60 was not medically necessary.