MAXIMUS Federal Services

Case Number:	CM14-0021508		
Date Assigned:	05/07/2014	Date of Injury:	03/04/2004
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This patient is a 35-year-old male with a date of injury of 03/04/2004. The listed diagnoses per [redacted] are: Lumbar post laminectomy syndrome. Status post PLIF at L4-L5 on 11/12/2007. Bilateral lower extremity radiculopathy, left greater than right, Situational depression, Spinal cord stimulator placement, 12/19/2011, cervical spine myoligamentous injury. Motor vehicle accident, 03/28/2012, industrial related, Xerostomia with resultant dental decay due to industrial medication use and medication-induced gastritis. According to the 11/18/2013 progress report by [redacted], the patient presents with ongoing pain in his lower back which radiates down to both lower extremities which he rates today as 7/10. He has currently cut back his Norco intake from 8 tablets to 6 tablets per day. It was noted that the patient was taking at one point, 12 to 16 tablets a day. The patient feels his current medication regimen which includes Norco, Anaprox, Fexmid, and Dendracin topical cream enables him to function on a daily basis. The patient was able to work as a dishwasher, 5 hours per day, 3 to 4 days a week, but his job was recently terminated. He is actively trying to find work. On 12/16/2013, the patient complained of continued back pain. It was noted that he just started working at [redacted] volunteering 20 to 30 hours per week. He is requesting an increase in his medication from 6 tablets a day to 8 tablets a day. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. The patient had a decrease of range of motion and positive straight leg raise. Treater is requesting 4 trigger point injections and refill of medications including Norco 10/325 mg, Xanax 2 mg, Prilosec 20 mg, Anaprox DS 550 mg, Ambien CR 12.5 mg, Dendracin cream, and Fexmid 7.5 mg. Utilization Review denied the requests on 02/11/2014. The medical file indicates medication management is provided by

the treater which includes random urine drug screens. Past UDS have been consistent with the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/16/13) FOR NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 and 81.

Decision rationale: This patient presents with chronic low back pain. On 11/18/2013, provider noted the patient has decreased Norco intake. On 12/16/2013, the patient reported volunteering 20 to 30 hours per week and needed an uptake of Norco from 6 to 8 tablets. The patient rates his pain a 7/10 in intensity. The provider is requesting a refill of Norco 10/325 mg #240 as the medication help patient function on a daily basis. Utilization review 02/11/2014 modified the certification from #240 to #30 for tapering. Medical records indicate the provider has provided a urine toxicology screen on 03/10/2014 which was consistent with the medications prescribed. According to page 78 of MTUS, pain Assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate that this patient has been taking Norco since at least07/25/2013. The provider provides in his progress reports discussions on pain reduction with this medication and states medication enables him to function on a daily basis. The provider does not provide pain assessment, outcome measures or any specific functional improvement as required by MTUS. Given the lack of sufficient documentation the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. The request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 12/16/13) FOR ANAPROX DS 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67-68.

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

Decision rationale: This patient presents with chronic low back pain. Report 12/16/2013 notes the patient has started volunteering 20 to 30 hours per week. The treater is requesting a refill of Anaprox DS 550 mg #60. Medical records indicate this patient has been taking Anaprox DS 550 mg since 03/10/2014. For anti-inflammatory medications, the MTUS Guidelines 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. On 12/16/2014 the treater states current medication regimen which includes Anaprox enables him to function on a daily basis. Given NSAIDs are indicated for chronic pain and in particular chronic low back pain and the treater states functional improvement with this medication. The request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 12/16/13) FOR PRILOSEC 20MG #60: 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 Anti-inflammatory Medication Page(s): 22.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Prilosec 20 mg #60. The treater's report from 12/16/2013 indicates Prilosec is being utilized for GI protection as this patient has several MTUS risk factors including age, NSAIDs, chronic pain, stress, poor eating habits and nutrition, and some alcohol and smoking use. The MTUS Guidelines page 68 and 69 state, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: Age is greater than 65, History of peptic ulcer disease and GI bleeding or perforation, Concurrent use of ASA or corticosteroid and/or anticoagulant, high dose/multiple NSAID. This patient has been prescribed Omeprazole concurrently with Anaprox. Review of subsequent progress reports does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 12/16/13) FOR DENDRACIN TOPICAL ANALGESIC CREAM 120ML: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Dendracin topical analgesic cream. Dendracin lotion contains Salicylate, Benzocain and Menthol. The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Furthermore, topical NSAIDs, in this case salicylate, is only recommended for peripheral joint arthritis and tendinitis pain. This patient

does not present with such diagnosis and suffers from chronic back pain. The request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 12/16/13) FOR DORAL 15MG: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a trail of Doral 15 mg instead of Ambien for sleep issues. The MTUS Guidelines page 24 states, Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Although, a short course of quazepam may be indicated for this patient's sleep issues. The treater is requesting the medication without specifying the duration or quantity of this medication. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. The request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 12/16/13) FOR 4 TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting 4 trigger point injections. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections; medical necessity is only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the treater describes trigger points but does not provide evidence of twitch response or taut bands as required by MTUS. Furthermore, the patient has a diagnosis of lumbar radiculopathy. MTUS do not recommend trigger points when radiculopathy is present. The request is not medically necessary.