

Case Number:	CM14-0022904		
Date Assigned:	06/11/2014	Date of Injury:	11/16/1999
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62-year-old male who reported an injury on 11/16/1999. The mechanism of injury was not provided for review. Within the clinical note dated 03/28/2014, the injured worker complained of chronic low back pain. He rated his pain at 6/10 to 7/10 without medications and 3/10 to 4/10 with medications. The injured worker reported doing home exercises, using a back brace, hot and cold wraps as needed. Upon the physical examination the provider documented tenderness along the lumbar paraspinal muscles bilaterally. Lumbar flexion was 30 degrees, extension was 20 degrees. The provider noted the injured worker to have slow guarded gait. The diagnoses included low back pain with radicular pain into the legs, left greater than right, due to left L5 radiculopathy that has been resolved with L5-S1 transforaminal epidural injection and mid back strain. The provider request Norco for moderate to severe pain, Flexeril for muscle spasms, Trazodone for insomnia, and Prilosec to treat upset stomach. The Request for Authorization was provided and dated 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The injured worker complained of chronic low back pain. He rated his pain 6/10 to 7/10 without medications and 3/10 to 4/10 with medications. The California MTUS Guidelines recommend ongoing documentation of pain relief, functional status, and appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain, the lowest reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

FLEXERIL 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril 10 mg #60 is not medically necessary. The injured worker complained of chronic low back pain. He rated his pain 6/10 to 7/10 without medications and 3/10 to 4/10 with medications. California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increase in mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was a lack of objective findings indicating the injured worker to have muscle spasms. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 03/2014, which exceeds the guidelines recommendations of short term use for 2 to 3 weeks. Therefore, the request for Flexeril 10 mg #60 is not medically necessary.

TRAZODONE 50 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Trazodone (Desyrel).

Decision rationale: The request for Trazodone 50 mg #30 is not medically necessary. The injured worker complained of chronic low back pain. He rated his pain 6/10 to 7/10 without medications and 3/10 to 4/10 with medications. The Official Disability Guidelines recommend Trazodone as an option for insomnia, only for patients who potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support the use for insomnia, but it may be an option in patients with coexisting depression. There was a lack of documentation indicating the injured worker is diagnosed with insomnia. There was a lack of documentation indicating the injured worker to have coexisting mild psychiatric symptoms such as depression or anxiety. The request submitted failed to provide the frequency of the medication. Therefore, the request for Trazodone 50 mg #30 is not medically necessary.

PRILOSEC 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The injured worker complained of chronic low back pain. He rated his pain 6/10 to 7/10 without medications and 3/10 to 4/10 with medications. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. There is a lack of documentation indicating the injured worker is at risk for gastrointestinal events. There is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.