

Case Number:	CM14-0023931		
Date Assigned:	06/11/2014	Date of Injury:	01/28/2002
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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 54 year-old with a date of injury of 01/28/02. A progress report associated with the request for services, dated 01/20/14, identified subjective complaints of low back radiating into both legs with numbness and tingling. Objective findings included paraspinal tenderness and a positive straight leg-raising. Three urine drug screens were performed in the quarter prior to the request. Diagnoses included cervical and lumbar disc disease. Treatment has included oral analgesics and muscle relaxants. A Utilization Review determination was rendered on 02/10/14 recommending non-certification of "Doral 15mg #60; cyclobenzaprine 7.5mg #120; Prilosec DR 20mg #90; cyclobenzaprine 10% tramadol 10% #60gm; 1 urine drug screen".

IMR ISSUES, DECISIONS AND RATIONALES

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

DORAL 15MG #60: Upheld

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

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

Decision rationale: Doral (quazepam) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) state that benzodiazepines are not recommended for long-term use

because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, there is documentation of longer-term use. Therefore, the record lacks documentation for the medical necessity of Doral (quazepam).

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: Cyclobenzaprine is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that 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 of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for cyclobenzaprine beyond a short course are not well supported. The patient has been on cyclobenzaprine for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for cyclobenzaprine.

PRILOSEC DR 20MG #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: Prilosec is a proton pump inhibitor (PPI). The Medical Treatment Utilization Schedule (MTUS) does not address proton pump inhibitors directly. The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. The record does not indicate that the patient has had side-effects from

previously prescribed medications. Likewise, there is no documentation of concurrent NSAID therapy or indications for use with NSAID therapy. Therefore, the medical record does not document the medical necessity for Prilosec.

CYCLOBENZAPRINE 10% TRAMADOL 10% #60GM: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS Guidelines state that there is no specific evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, there is no necessity for the addition of cyclobenzaprine in the topical formulation for this patient.

A URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. There is no documentation of behavior that would classify the claimant as high-risk. He has had almost monthly drug screens. Therefore, the record does not document the medical necessity for the requested drug screen.