MAXIMUS Federal Services

Case Number:	CM14-0024739		
Date Assigned:	02/28/2014	Date of Injury:	09/18/1995
Decision Date:	06/30/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 44-year-old female with a date of injury of September 18, 1995. The mechanism of injury is not disclosed. The medical record indicates the injured is status post lumbar fusion at L3-4, and L4-5. A revision posterior lateral fusion at L3-S1, with revision decompression at L5-S1, and iliac crest bone graft/instrumentation was provided in May 2009, and subsequent L3-S1 removal of posterior hardware, and non-instrumented posterior lateral fusion on June 7, 2011. A prior review of this request resulted in a recommendation for non-certification on February 17, 2014. A progress note dated January 22, 2014, is provided for review in support of this request indicating that the claimant continues to complain of agonizing back pain. Difficulty with activities of daily living (ADLs) including light household chores, cooking, and cleaning is noted. The claimant has difficulty with prolonged sitting, standing, or walking. Physical examination reveals a 70 inch tall individual weighing 145 pounds. Difficulty with walking is noted and the claimant has difficulty changing positions and getting onto the examination table. Tenderness in the lumbar paraspinous region is noted. Lumbar range of motion is restricted and painful. Guarding is present with motion. Muscle spasms are present. Straight leg raise is positive to the left in a sitting and a supine position. Straight leg raise is positive to the right in a sitting, as well as supine position. The gait is antalgic. The claimant has been treated with activity modifications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, home exercise program, and pharmacotherapy. A recommendation is made for aquatic therapy, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, and a urine drug screen. Follow-up is recommended in three months. This encounter note provides no documentation of efficacy noted with the above. Prior office visits are also provided indicating that the claimant is utilizing these medications on a chronic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG 1 PO BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASMODICS, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009:9792.2 4.2 Cyclobenzaprine Page(s): 64.

Decision rationale: The Chronic Pain Guidelines recommends Flexeril (Cyclobenzaprine) only for a short course of therapy. The medical record indicates this medication appears to be used on a chronic basis. No exceptional factors are noted in the documentation submitted to consider this request as an outlier to the guidelines. Therefore, the medical necessity of the request for continued use of Cyclobenzaprine has not been established. The request is not medically necessary and appropriate.

NORCO 10/325MG 1 PO QID: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009:9792.2 4.2 Chronic Pain Medical Treatment Guidelines Page(s): 91.

Decision rationale: Norco (Hydrocodone/acetaminophen) 10/325 is a branded combination of a short-acting opioid, hydrocodone, with acetaminophen. It is available as a generic equivalent formulation. If used as prescribed, up to four pills per day, the morphine equivalent dosage (MED) is 40 mg per day and the daily acetaminophen load is 1300 mg. A review of the prior encounter notes indicate that the claimant is taking this medication on a chronic basis. There is no documentation of efficacy noted with this medication. A urine drug screen protocol is referenced. There is no documentation of the 4 A's (Analgesia, ADL's, adverse side effects, and aberrant drug taking behaviors) of chronic opioid management indicating efficacy resulting in functional gains to support chronic opioid use. A urine drug screen is noted. In the absence of documentation noting effectiveness with the use of this medication, this request is recommended for non-certification. However, since this medication should not be abruptly discontinued, a quantity of 30 tablets is recommended for weaning.

AMITIZA 24MCG 1 PO BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 77

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. ï¿½ï¿½9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 77.

Decision rationale: Amitiza (lubiprostone) is a medication approved to treat chronic idiopathic constipation. The Chronic Pain guidelines do support the use of prophylactic treatment of constipation in individuals on chronic opioid therapy. However, this medication is not recognized as a medication supported by the guidelines. The record indicates that the claimant has been on Ducosate sodium, however, there is no documentation of failure with any other first line prophylactic osmotic stool softeners or laxatives supported by the guidelines. In the absence of documentation to substantiate the need for this specific medication that is not supported by the guidelines, where failure to respond to other efficacious and guideline supported osmotic acting medications has not been noted, this request is not medically necessary and appropriate.

VALIUM 5MG 1 PO: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009:9792.2 4.2 Chronic Pain Medical Treatment Guidelines; Benzodiazepines Page(s): 24.

Decision rationale: Valium is a benzodiazepine that is not recommended by the Chronic Pain guidelines. It is used for the treatment of anxiety disorders and panic disorders, and as a second line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to four weeks. The record reflects that this medication is being prescribed for long term use. Additionally, there is no recent documentation of improvement in functionality with the use of this medication. Since this medication should not be stopped abruptly, a quantity of 30 pills are certified for weaning.