

Case Number:	CM14-0025619		
Date Assigned:	06/13/2014	Date of Injury:	07/02/1986
Decision Date:	12/31/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The patient is a 56-year-old female with date of injury of 07/02/1986. The treating physician's listed diagnoses from 01/13/2014 are: 1. Chronic myofascial pain syndrome, thoracolumbar spine. 2. Failed back syndrome with pain, numbness and weakness of the bilateral lower extremities. According to this report, the patient has been experiencing constant upper and lower back pain that she rates 6/10 without medications. She indicates she has been getting partial relief from her current medication regimen. The patient complains of frequent pain, numbness, and weakness in her bilateral lower extremities. She uses a cane to aid with ambulation. Her current pain and discomfort is mildly impacting her general activity and enjoyment of life including her ability to concentrate and interact with other people. The examination shows range of motion of the lumbar spine was moderately restricted on all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature. She is not able to perform heel gait well with either foot/leg. Sensation was decreased in the lateral aspect of the left calf. The patient received trigger point injections which she tolerated well with no apparent complications. The 12/09/2013 report notes that she is getting greater than 50% improvement in her upper and lower back pain with the trigger point injections and her current medications. She rates her pain 5/10 to 8/10 without medications. The rest of the examination is the same as the 01/13/2014 report. The documents include progress reports from 09/12/2013 to 01/13/2014. The utilization review denied the request on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting Hydrocodone/APAP 10/325 Mg Quantity 180 from the report 01/13/2014. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed hydrocodone on 09/12/2013. The 01/13/2014 report notes that the patient's current pain level is 6/10 to 7/10 without medications. The patient is currently not working. The treater has noted medication efficacy stating, "She has been getting partial relief from that pain with her current medications." No specifics regarding ADLs were discussed and no significant functional improvement. No side effects were discussed and no aberrant drug-seeking behavior such as a urine drug screen or CURES report. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Guidelines. Therefore this request is not medically necessary.

Naproxen 550mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Back Pain.

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

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting Naproxen 550 Mg Quantity 120. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed naproxen on 11/11/2013. The 11/11/2013 report notes "...she has been getting significant pain relief with her current medications." Given that MTUS supports the use of anti-inflammatory medications as a traditional first-line treatment to reduce

pain so activity and functional restoration can resume, therefore this request is medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting Cyclobenzaprine 7.5 Mg Quantity #60. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 11/11/2013. Given that MTUS does not support the long-term use of cyclobenzaprine, therefore this request is not medically necessary.

Lunesta #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter on eszopiclone (Lunesta).

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting Lunesta Quantity #30. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance, the only benzodiazepine - receptor agonist FDA-approved for longer use than 35 days. In addition, MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should be recorded. The records show that the patient was prescribed Lunesta on 09/12/2013. None of the reports from 09/12/2013 to 01/13/2014 document medication efficacy and functional improvement as it relates to the use of Lunesta. Furthermore, the ODG guidelines only recommend this medication for short-term use. Therefore, this request is not medically necessary.

Colace 250 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy for opiate use Page(s): 77.

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting COLACE 250 MG QUANTITY 30. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient was prescribed Colace on 11/11/2013. Given that the patient is currently using an opiate, MTUS supports the prophylactic treatment of constipation. Therefore, this request is medically necessary.