MAXIMUS Federal Services

Case Number:	CM14-0027858		
Date Assigned:	06/16/2014	Date of Injury:	10/24/2004
Decision Date:	07/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational 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 37 year old male who sustained an injury on 02/24/04 when he sustained a low back injury operating an electric pallet jack that was caught between a dock and the bed of a truck. The injured worker is noted to have had a prior lumbar fusion followed by removal of hardware. The injured worker also had a right knee arthroscopy completed. The injured worker had been followed for ongoing chronic pain as well as associated depression and anxiety. The injured worker has received several visco supplementation injections for the knees and was recommended for further aquatic therapy. The injured worker was being prescribed medications from a treating physician that included Norco, Flexeril, Ativan, Anaprox, Prilosec, and Laxacin. The most recent clinical report from a treating physician was from 12/31/13. Per the report, the injured worker had not utilized medications in several months resulting in an increase in pain. The injured worker had significant functional decline with medications. Physical examination noted spasms in the lumbar spine with associated loss of range of motion. There was weakness noted bilaterally in the lower extremities with decreased sensation in an S1 distribution. Patella femoral crepitation was noted at the right knee with a positive Apley's grind test. There was tenderness to palpation of the right joint knee joint lines. The injured worker was continued on medications to include Norco, Flexeril, Ativan, Anaprox, Prilosec, and Laxacin. The requested Norco 10/325mg, Flexeril 10mg, Ativan 1mg, Anaprox DS, Prilosec 20mg, and Laxacin, quantity 90 were all denied by utilization review on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG TWO PO BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The patient has been utilizing this medication over an extended period of time. The use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use. Norco 10/325mg is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

FLEXERIL 10 MG ONE PO TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is non-specific in regards to quantity or duration. In regards to the use of Flexeril 10mg, it is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

ATIVAN 1 MG ONE PO Q H S: Upheld

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

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

Decision rationale: In regards to the use of Ativan 1mg it is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Furthermore, the request is non-specific in regards to quantity or duration.

ANAPROX DS ONE PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. Furthermore, the request is non-specific in regards to dose, quantity, or duration. As such, the patient could reasonably transition to an over-the-counter medication for pain. In regards to the use of Anaprox DS, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

PRILOSEC 20 MG ONE PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Prophylaxis Page(s): 68.

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

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease and the request is non-specific in regards to quantity or duration. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary. In regards to the use of Prilosec 20mg, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

LAXACIN ONE PO TID #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laxacin. (2013). In Physicians' desk reference 67th ed.

Decision rationale: The injured worker was noted to be receiving narcotic medications and although not recommended as medically necessary, this medication would have reasonably required weaning. Due to the known complications from chronic opioid use to include constipation, the continuation of Laxacin during a weaning period would have been medically necessary and appropriate. Therefore, this reviewer would have recommended this medication for continued use to act as a prophylactic against any further medication induced constipation while the injured worker was weaning from narcotics. In regards to the request for Laxacin, quantity 90, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review as well as current evidence based guidelines.