

Case Number:	CM14-0030793		
Date Assigned:	06/20/2014	Date of Injury:	04/01/2010
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 50-year-old female who sustained an injury on 04/01/10 while lifting a client. The injured worker pulled a muscle in the low back, leading to complaints of persistent low back pain. Treatment has included epidural steroid injections with improvement of her lower extremities symptoms. Electrodiagnostic studies note evidence of acute denervation in L4 through S1 nerve roots. Medication history includes Zolpidem, Omeprazole, and Ibuprofen. Additional medications for the injured worker include antidepressants, Trazodone, Norco, Pantoprazole, Diclofenac, and Cyclobenzaprine. The 02/11/14 clinical record noted ongoing complaints of severe low back pain at 7/10 on the visual analog scale. The injured worker demonstrated a stiff and slightly kyphotic stance on physical examination. There was pain with lumbar range of motion. The injured worker was continued on Nucynta 50mg every six hours, Norco 10/325mg every eight hours, and was started on MS Contin 30mg every 12 hours. A clinical note reported Norco would be stopped at this visit. The injured worker described gastric upset and heartburn symptoms with oral medications. Cyclobenzaprine was continued at this visit for muscle spasms. The requested Cyclobenzaprine 7.5mg #90, Pantoprazole 20mg #30, and Norco 10/325mg #90 were denied by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 01/07/2014.

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

Decision rationale: In regards to the request for Cyclobenzaprine 7.5mg, quantity: 90, this reviewer does not recommend ongoing use of this medication, based on clinical documentation submitted for review and current, evidence-based guidelines. The chronic use of muscle relaxers is not recommended by Chronic Pain Medical Treatment 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. Therefore, this reviewer does not find this medication to be medically necessary.

Pantoprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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: In regards to the request for pantoprazole 20mg, quantity: 30, this reviewer does recommend this medication as medically necessary, based on clinical documentation submitted for review and current Official Disability Guidelines (ODG). The clinical records dated 02/14 note that the injured worker had heartburn and gastric upset with medications. Given this gastric side effect from multiple medications, a proton pump inhibitor would be medically reasonable and necessary, as per guidelines, to counteract this side effect of medications. Therefore this reviewer finds this medication to be medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: In regards to the use of Norco 10/325mg, quantity: 90, this reviewer does not recommend this medication as medically necessary, based on the clinical documentation provided for review and current, evidence-based guideline recommendations. Per the clinical record dated 02/14, Norco was stopped in favor of MS Contin, a long-acting medication for long acting pain relief. The injured worker was also taking Nucynta on a frequent basis for

breakthrough pain control. Given the indication that the pain management physician wished to stop Norco, this reviewer does not find this medication to be medically necessary.