MAXIMUS Federal Services

Case Number:	CM14-0031820		
Date Assigned:	06/16/2014	Date of Injury:	04/25/2008
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 injured worker is a 51 year old female injured on 04/25/08 due to undisclosed mechanism of injury. Current diagnoses included musculoligamentous sprain of the lumbar spine with lower extremities radiculitis, chronic right L5 radiculopathy, disc bulges at L3-4, L4-5, and L5-S1, status post caudal epidural steroid injection and transforaminal steroid injection. Clinical note dated 12/30/13 indicated the injured worker presented complaining of low back pain radiating to the right lower extremity rated 8/10 in addition to spasms of the low back while sitting for prolonged periods of time. Objective findings included straight leg raise in a sitting position in 45 degrees on the right and 60 degrees on left. Treatment plan included aqua therapy, cyclobenzaprine, methocarbamol, meloxicam, hydrocodone/acetaminophen, omeprazole, tramadol and zolpidem. The injured worker received ketorolac injection for pain relief. The injured worker reported pain was reduced while utilizing hydrocodone and had less stomach irritation while utilizing omeprazole due to medication use. The initial request for meloxicam 7.5mg #60, omeprazole 20mg #60, hydrocodone/acetaminophen 5-325mg #30, and Methocarbamol 750mg #90 was non-certified on 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MELOXICAM 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for meloxicam 7.5MG #60 cannot be established as medically necessary.

OMEPRAZOLE 20MG #60: Overturned

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

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: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Clinical documentation indicates a decrease in gastric symptoms caused by medication use following the initiation of omeprazole. As such, the request for omeprazole 20mg #60 is recommended as medically necessary.

HYDROCODONE APA 5/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of hydrocodone/APAP 5/325mg #30 cannot be established at this time and is therefore not medically necessary.

METHOCARBAMOL 750MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHOCARBAMOL (ROBAXIN, RELAXIN, GENETIC AVAILABLE), 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective finding failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of methocarbamol 750mg #90 cannot be established at this time and is not medically necessary.