MAXIMUS Federal Services

Case Number:	CM14-0035763		
Date Assigned:	06/23/2014	Date of Injury:	11/16/1999
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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, 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 62-year-old male who reported an injury on 11/16/1999. In the clinical notes dated 03/28/2014, the injured worker complained of chronic low back pain of which he rated his pain between 6-7/10 without medication and 3-4/10 with medications. It was also noted that the injured worker wore a back brace and used hot/cold wrap as needed. Prior treatments included pain medications and epidural steroid injections. The physical examination of the lumbar spine revealed tenderness along the lumbar paraspinal muscles bilaterally. It was noted that the injured worker had a slow, guarded gait and had to push himself with his arms when standing up from a seated position. The diagnoses included low back pain with radiculopathy pain to the legs, left greater than the right, due to a left L5 radiculopathy that has resolved with left L5-S1 transforaminal epidural injection, and mid back strain. The treatment plan included modification of work status, to include working up to 24 hours a week with no more than 5 days a week. It was annotated that the injured worker should avoid bending, twisting, stairs, hills, inclines, squatting, as well as ladders and pushing, pulling, and lifting more than 20 pounds. A prescription was given for Norco 10/325 mg #120 for moderate to severe pain, Prilosec 20 mg #60 to treat upset stomach, Flexeril 7.5 mg #60 for muscle spasms, and trazodone 50 mg #30 for insomnia with 2 refills. It was noted that the request was a 3 months' supply of medications. The injured worker's next visit was dated 06/27/2014. The Request for Authorization for Norco 10/325 #120 for moderate to severe pain, Prilosec 20 mg #60 to treat upset stomach, Flexeril 7.5 mg #60 for muscle spasms, and trazodone 50 mg #30 for insomnia with 2 refills was submitted on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Opioids for chronic pain, page(s) 80, Opioids, specific drug list Page(s): 91.

Decision rationale: The request for Norco 10/325 mg #120 with refills is not medically necessary. The California MTUS Guidelines state that opioids for chronic pain appears to be efficacious but limited for short term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment in consideration of alternative therapy. Norco is indicated for moderate to moderately severe pain. The analgesic dose for Norco is 5/500 mg 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain with a max 8 tablets per day. For higher doses of hydrocodone greater than 5 mg per tab and acetaminophen greater than 500mg per tab, the recommended daily dose is usually 1 tab every 4 to 6 hours as needed for pain. In the clinical notes provided for review, it is indicated that the injured worker is on Norco; however, there is lack of documentation of the frequency and dosage. It is also noted that the injured worker has been on Norco since 10/2013 of which the guidelines do not recommend long term use without reassessment in consideration of alternative therapy. Therefore, the request for Norco 10/325 mg #120 with 2 refills is not medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for Flexeril 10 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine (Flexeril) is recommended as an option using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The addition of cyclobenzaprine to other agents is not recommended. In the clinical notes provided for review, there is lack of documentation of the injured worker presenting with muscle spasms. There is also a lack of documentation of the efficacy of the use of Flexeril. Furthermore, the guidelines state that the use of Flexeril should be brief and as such, the request exceeds the recommended duration. Therefore, the request for Flexeril 10 mg #60 with 2 refills is not medically necessary.

Trazodone 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for trazodone 50 mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines state that SSRIs are not recommended as a treatment for chronic pain as more info is needed regarding their role in pain. However, SSRIs may have a role in treating secondary depression, as it has been suggested that the main role of SSRIs may be addressing psychological symptoms associated with chronic pain. In the clinical notes provided for review, it is annotated that the request for trazodone is for the injured worker's insomnia. However, there is a lack of documentation of the injured worker stating sleep disturbances due to pain. There is also a lack of documentation of the duration and quality of his sleep. The clinical notes also do not address the frequency of which the prescription of Flexeril is to be taken. Furthermore, the guidelines recommend the usage of SSRIs as a role in secondary depression of which there is a lack of annotation within the clinical notes. Therefore, the request for trazodone 50 mg #30 with 2 refills is not medically necessary.

Prilosec 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: age greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g. NSAID plus low dose ASA). In the clinical notes provided for review, there is lack of documentation of the injured worker having side effects related to medication intake. There is also a lack of documentation of the injured worker having a history of peptic ulcer, GI bleeding, or perforation. Furthermore, there is a lack of documentation of the frequency of which Prilosec is to be taken. Therefore, the request for Prilosec 20 mg #60 with 2 refills is not medically necessary.