

Case Number:	CM14-0040772		
Date Assigned:	06/30/2014	Date of Injury:	12/31/1999
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 American Board of Family Practice 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:

This is a 46 year old female claimant sustained in a work injury on 6/19/97 involving the low back. She was diagnosed with myofascial pain and lumbar radiculopathy with degenerative disc disease. She had completed epidural steroid injections. In 2003 she had a laminectomy, L4 fusion and a pedicle screw fixation of the L4 to sacrum. A progress note on 12/21/13 indicated the claimant had paraspinal tenderness and a decreased range of motion. There was radiating pain from the back to the right leg with numbness and tingling. Sensation was decreased in the L4 dermatome. She was asked to continue compound creams (Cyclobenzaprine/Tramadol) and Norco for pain relief and a re-evaluation for surgery. She had been taking Prilosec for gastrointestinal prophylaxis. A progress note on 5/19/14 indicated the claimant had paraspinal tenderness and decreased range of motion. There was radiating pain from the back to the right leg with numbness and tingling. Sensation was decreased in the L4 dermatome. She was asked to again continue compound creams (Cyclobenzaprine/Tramadol) and Norco for pain relief and a re-evaluation for surgery. She remained on Prilosec. She had been on Norco and Prilosec for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation for surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 296, 305-306, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to the ACOEM guidelines, with or without surgery, more than 80% of patients with surgical indications eventually recover. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgery with higher complications. In this case the claimant already had extensive surgery for the lumbar spine. The repeat request for a re-evaluation for surgery was not substantiated as to its necessity. Request for a reevaluation for surgery is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

Decision rationale: Norco is a short acting Opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year without significant improvement in pain or function. Specific responses to Norco and clinical indication for continuation were not well described. Such as, Norco 10/325mg #120 is not medically necessary.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and pg 68-69 Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, there was no mention of recent NSAID use. Therefore, the continued use of Prilosec 20mg #90 is not medically necessary.

Cyclobenzaprine %10/Tramadol 10% 15gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical medications, Topical cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. Since the compound in question contains a muscle relaxant, Cyclobenzaprine %10/Tramadol 10% 15gm is not medically necessary.