MAXIMUS Federal Services

Case Number:	CM14-0055385		
Date Assigned:	07/09/2014	Date of Injury:	08/04/2012
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 67-year-old female with a reported injury in 08/04/2012. The mechanism of injury was a lifting and twisting. The injured worker's diagnoses included bilateral L4 radiculopathy, L4-5 stenosis, and L3-S1 facet arthropathy. Her previous treatments included acupuncture which was reported to help only temporarily, physical therapy which she reported did not help, a home exercise program which was helpful, the use of a TENS unit which only helped temporarily, and injections which she reported only lasting 1 to 2 weeks. The injured worker has not had any previous surgeries. The clinical note dated 01/27/2014 noted the injured worker had chronic low back pain, described as sharp, jolting, and constant, and rated 6-8/10. The injured worker indicated her pain was aggravated by twisting, movement, prolonged standing, walking, or sitting and was relieved somewhat by lying down and medication. The pain limited the injured worker from doing her regular house work and she needed a cane for ambulation. The injured worker had an examination on 03/03/2014 with continued complaints of pain in her lower back that radiated into her anterior thighs bilaterally on a pain scale of 8/10. She also complained of increasing left leg swelling. The physical examination was deferred. The injured worker's medication list consisted of tramadol, Nexium, Vicodin, Zanaflex, amlodipine, aspirin, simvastatin, and Norco. The physician's treatment plan included recommendations for an L4 nerve root injection and renewal of medications. The rationale was not provided. The request for authorization was signed and dated 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, take 1 every day, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG TWC 2014, Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of evidence of the efficacy of the medications documented and there is no evidence of an evaluation for side effects. Within the clinical note dated 03/03/2014, the physical examination was deferred; there is no documentation demonstrating evidence of significant objective functional improvements with the medication. A urine drug screen was reported on 01/22/2014 that stated the tramadol was positive which was consistent with the injured worker's medication regimen; however, hydrocodone was negative which is inconsistent with the injured worker's medication regimen. An adequate and complete pain assessment is not provided within the medical records. There was not efficacy provided and there was no documentation to support 3 refills without further assessment. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the request for Norco 5/325 mg #30 with 3 refills is not medically necessary.

Zanaflex 4mg 1 two times a day, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines recommend antispasticity drugs to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Antispasmodics are also used to decrease muscle spasms in conditions such as low back pain. There is a lack of evidence of spasticity and muscle spasms upon physical examination. The physical examination was deferred and a recent physical examination is not provided. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker has been prescribed this medication since at least 01/27/2014. Continued use of this medication would exceed the guideline

recommendation for a short course of treatment. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the Zanaflex 4 mg 1 twice a day, #60 with 3 refills is not medically necessary.

Nexium 40mg, 1 daily, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker does not report any complaints of gastrointestinal events. There is no indication that the injured worker has a history of peptic ulcer, gastrointestinal bleed or perforation, she is not concurrently using aspirin, corticosteroids, and/or anticoagulants, and she is not on high doses of NSAIDs. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the request for Nexium 40 mg #30 with 3 refills is not medically necessary.

Tramadol 50mg, 1 two times a day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of evidence of the efficacy of the medications documented and there is no evidence of an evaluation for side effects. Within the clinical note dated 03/03/2014, the physical examination was deferred; there is no documentation demonstrating evidence of significant objective functional improvements with the medication. A

urine drug screen was reported on 01/22/2014 that stated the tramadol was positive which was consistent with the injured worker's medication regimen; however, hydrocodone was negative which is inconsistent with the injured worker's medication regimen. An adequate and complete pain assessment is not provided within the medical records. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the request for Tramadol 50 mg #60 is not medically necessary.