

Case Number:	CM14-0066069		
Date Assigned:	07/11/2014	Date of Injury:	04/22/2011
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 Internal 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 patient is a 57 year old male who suffered a worker comp injury to his back on 4/22/11 and had lysis of epidural adhesions on 7/9/13. He was diagnosed with failed back syndrome .He recently saw a neurosurgeon who wanted to perform discography but the patient refused. A recent progress report from his physician was noted and stated that the patient suffered from erectile dysfunction (ED), insomnia, constipation, and lumbar and leg pain. It stated that he had a past history of asthma, and lumbar fusion in 2001 and also laminectomy in 2001.It was noted that he was not a smoker or drinker. An MRI from 1/14/14 was described. It showed L4-5 post-operative interbody fusion with a solid fusion noted and hardware in good position,L5-S1 post-surgical laminectomy and decompressed central canal, L2-3 4 mm left posterolateral disc with osteophyte formation, and L1-2 4-5 mm lateral disc .Antalgic gait and positive straight leg test on the left was noted. Also, guarding and spasm of the lumbar spine was appreciated. Meds were Flexeril, Nabumetone, Neurontin, Norco, and Cialis. Diagnoses were lumbar disc displacement with myelopathy and post laminectomy syndrome. Another correspondence was noted on 5/15/14 from the same physician disputing lack of authorization for meds. He stated that the patient had intractable back pain and used Flexeril intermittently and not chronically for severe lumbar spasms and this was efficacious in his treatment. He also stated that he had osteophytes on the lumbar spine and evidence of osteoarthritis and Nabumetone was helpful in this treatment. He also noted that Ambien was denied and that Seroquel was a safe alternative and helpful in promoting his sleep. The UR denied the use of Nabumetone or Relafen, Flexeril or Cyclobenzaprine, Seroquel of Quetiapine, and lastly Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Cyclobenzaprine) Flexeril 10mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication section Page(s): 41. Decision based on Non-MTUS Citation Up to Date online reference on Flexeril.

Decision rationale: Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date guidelines states that the side effect profile includes drowsiness, dizziness, xerostomia, headache, confusion, constipation, diarrhea, nausea, and weakness. We find in this patient rather significant muscle spasm of his lumbar spine and the fact that this med is used intermittently and have no apparent side effects and that it is efficacious in reducing the severity of the muscle spasms. Therefore, this med is indicated in this patient and the decision of the UR is being reversed.

(Nabumetone) Relafen 500mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 68,69,72.

Decision rationale: Relafen is a non-selective nonsteroidal that is indicated for the treatment of osteoarthritis and rheumatoid arthritis in the lowest dose possible. It poses a risk to the heart and can cause (myocardial infarction) MI or (cerebral vascular accident) CVA. Also it increases the risk of GI side effects such as peptic ulcer disease, GI bleed or stomach or intestinal perforation. The MTUS states that if the patient is greater than 65 years old, has a history of (peptic ulcer disease) PUD, GI bleed or perforation or uses (aspirin) ASA or steroids or anticoagulants he is at increased risk of GI problems with NSAID's and if non selective NSAID's such as Relafen is used then a (proton pump inhibitors) PPI or Cytotec should be utilized concomitantly. However, if the risk of GI side effects is high then a COX 2 such as Celebrex should be used with a PPI to protect the GI mucosa. It is also noted that if the patient has cardiac disease then Tylenol or ASA are preferred and that Opioids are another option for treatment. If an NSAID needs to be used then Naprosyn is probably the safest and it should be given with aspirin. It is noted that NSAID's can elevate BP, cause edema and CHF and that these meds are contradicted in a patient with renal insufficiency, CHF, or volume excess states such as cirrhosis. We note that in this patient he has no history of cardiac, GI, renal, volume overload states, BP problems or any other risk factor

for non-selective NSAID's such as Relafen .We also note that the patient has changes on MRI compatible with osteoarthritis and suffers severe pain and disability. Therefore, this medicine is felt to be medically necessary to help the patient manage his pain. Therefore, the UR decision is reversed and the patient should have access to this medicine.

(Quetiapine Fumarate) Seroquel 25mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date , online medical reference analysis of Seroquel.

Decision rationale: Seroquel is a second generation antipsychotic indicated for the treatment of bipolar states, major depression as augmentation of antidepressant meds, schizophrenia, and used off label for ICU delirium and augmentation for the treatment of obsessive compulsive disorders. It is noted to increase the mortality of elderly patients with dementia related psychosis .Its side effect profile includes high blood pressure (HBP), drowsiness, headaches, agitation, dizziness, weight gain, elevated triglycerides, increase in appetite and constipation.We note that in this patient the UR had denied request for Ambien for insomnia. However, we find no mention of cognitive treatment of sleep hygiene treatment of insomnia. Also, there are other medications with fewer side effects to treat insomnia. Lastly, Seroquel is not approved for the treatment of insomnia. Therefore, it is felt that the UR committee was justified in denying approval of this medicine.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication section Page(s): 75,80,91.

Decision rationale: Norco is a short acting opioid narcotic used to treat chronic pain or used intermittently to treat breakthrough pain. Its dose is limited by its Tylenol component and no greater than 4 grams should be administered in one day. Opioids in general are felt to be more efficacious in the treatment of back pain for short time duration and its efficacy as a long term treatment appears to be limited. In this particular patient we find he has had other prior treatment which have not been effective and that he is already being treated with a nonsteroidal. We see no evidence of abuse and the dose of Norco and the Tylenol component are being monitored. We find no evidence of limiting side effects of this treatment. Therefore, we do find that the treatment with this medicine is medically indicated and that the UR decision should be reversed.