

Case Number:	CM14-0068398		
Date Assigned:	09/18/2014	Date of Injury:	05/18/2010
Decision Date:	10/16/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 5/18/10. He was seen in follow up in 3/14 for complaints of back pain with radiation to his left lower extremity and gluteus. He is status post a second transforaminal injection in 2/14 with improvement in pain and radiation. He still reported sciatica like pain. His exam showed tenderness to palpation with guarding over the lumbar paraspinal muscles with the piriformis reproducing a sciatica type of pain. He had facet tenderness over L1-L5 and reduced lumbar extension with pain. His left plantar flexor strength was 4/5 with all other groups being 5/5 and reflexes 2+. His diagnoses included lumbar spine sprain/strain, lumbar disc disease and radiculopathy with thoracic spine muscle spasm. He is status post lumbar spine L5-S1 surgery. He was to continue his home exercise program and left piriformis botox injection was requested. At issue in this review are the prescriptions for norco, flexeril and protonix. Dates of prior prescription are not included in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Norco Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back pain and buttocks/extremity pain with an injury sustained in 2010. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 3/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco is not medically necessary.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain and buttocks/extremity pain with an injury sustained in 2010. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 3/14 fails to document any spasm or improvement in pain, functional status or side effects to justify use. The request for Cyclobenzaprine (Flexeril) is not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 68-69.

Decision rationale: This injured worker has chronic back pain and buttocks/extremity pain with an injury sustained in 2010. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Protonix. Therefore the request is not medically necessary.

