

Case Number:	CM14-0077934		
Date Assigned:	07/21/2014	Date of Injury:	09/08/2006
Decision Date:	09/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 with an injury date on 9/8/06. Patient complains of right sided mid-back pain that radiates up to her cervical spine and lumbar spine per 5/1/14 report. Patient states her pain level has increased since last visit, activity level has remained the same, and quality of sleep is poor per 5/1/14 report. Based on the 5/1/14 progress report provided by [REDACTED] the diagnoses are: 1. Thoracic pain 2. Cervical pain 3. Cervical spondylosis 4. Spinal/Lumbar degenerative disc disease 5. Spasm of muscle The most recent physical exam on 3/13/14 showed "C-spine range of motion restricted with extension limited to 30 degrees. L-spine range of motion mildly restricted with extension limited to 15 degrees. Straight leg raise test is negative." [REDACTED] is requesting Xanax 1mg #25, Norco 10/325mg #60, Flexeril 5mg #60, and Nexium 40mg #30. The utilization review determination being challenged is dated 5/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/19/13 to 7/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg #25: Upheld

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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with neck pain and lower back pain. The provider has asked for Xanax 1mg #25 on 5/1/14. Patient has been taking Xanax since 12/19/13. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Xanax. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, this request is not medically necessary.

Norco 10/325 mg #60: Upheld

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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with neck pain and lower back pain. The provider has asked for Norco 10/325mg #60 on 5/1/14. Patient has been taking Norco since 12/19/13. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs [activities of daily living], adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, this request is not medically necessary.

Flexeril 5 mg #60: Upheld

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 Flexeril Page(s): 41-42.

Decision rationale: This patient presents with neck pain and lower back pain. The provider has asked for Flexeril 5mg #60 on 5/1/14. Patient had been taking Skelaxin, another muscle relaxant on 12/19/13. Patient switched to Flexeril as of 3/13/14 report. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the provider does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Therefore, this request is not medically necessary.

Nexium Dr 40 mg #30: Upheld

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 NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation X ODG-TWC Guidelines, Pain Chapter.

Decision rationale: This patient presents with neck pain and lower back pain. The provider has asked for Nexium 40mg #30 on 5/1/14. Patient has been taking Nexium since 12/19/13. Regarding Nexium, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There is no documentation of any GI issues such as GERD, gastritis or PUD. The provider does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Therefore, this request is not medically necessary.