

Case Number:	CM14-0093923		
Date Assigned:	07/25/2014	Date of Injury:	10/13/2008
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old who reported an injury on 10/13/2008. The mechanism of injury was not provided within the medical record. The clinical note dated 04/25/2014 indicated diagnoses of lumbar myoligamentous injury with associated facet arthropathy, bilateral lower extremity radiculopathy, medication-induced gastritis, bilateral knee internal derangement, status post arthroscopic surgery of the right knee dated 03/08/2012, status post posterior lumbar interbody fusion of L3-4, L4-5, and L5-S1 dated 09/25/2012, status post arthroscopic surgery of the left knee dated 09/19/2013, and reactionary depression/anxiety. The injured worker reported she remained on her oral analgesic medication which included Norco, Topamax, and Dendracin, and it had been beneficial. The injured worker reported, overall, her pain was manageable but she continued to experience flare-up of her low back and was reluctant to increase the amount of Norco she used on a daily basis for fear of becoming dependent on the medication. The injured worker reported benefits and improved activities of daily living with Norco. The injured worker reported she tolerated it much better now as long as she took her Prilosec. The injured worker reported Fexmid helps myospasms and helps her sleep at night. The spasms affect her most. The injured worker reported she had significant gastric distress which is notably helped with the aid of Prilosec. On physical examination, the injured worker moved slowly in and out of the office and had an antalgic gait favoring the right lower extremity. The examination of the posterior lumbar musculature revealed significant tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles bilaterally, right greater than left. The injured worker had decreased range of motion and a positive straight leg in the sitting position at approximately 45 degrees. The injured worker had decreased sensation along the L5-S1 distribution bilaterally. The examination of the bilateral knees revealed tenderness to palpation bilaterally along the

medial and lateral joint line with mild soft tissue swelling and crepitus noted with general range of motion, right greater than left. The injured worker's treatment plan included postop physiotherapy and refill medications and follow-up in 1 month. The injured worker's prior treatments included diagnostic imaging, surgery, injections, physical therapy, and medication management. The injured worker's medication regimen included Norco, Topamax, Prilosec, Fexmid, Xanax, Prozac and Klonopin. The provider submitted a request for Prilosec, Fexmid, and Norco. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, and a history of peptic ulcers. There is also a risk with long term utilization of PPI (greater than 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker reports gastrointestinal upset with the use of opioid medication, the injured worker does not report functional improvement or efficacy with the use of the Prilosec. In addition, there is a lack of a quantified pain assessment done by the injured worker. Furthermore, the request for Prilosec does not indicate a frequency. Therefore, the request for Prilosec 20 mg, sixty count, is not medically necessary or appropriate.

Fexmid 7.5 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 64.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided indicating how long the injured worker has used Fexmid. In addition, the guidelines recommend Fexmid as a short course of therapy. Furthermore, the request does not indicate a frequency. Therefore, the request for Fexmid 7.5 mg sixty count is not medically necessary or appropriate.

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use behaviors, and side effects. In addition, it was not indicated that the injured worker had a signed opioid agreement. Furthermore, the request does not indicate a frequency. Therefore, the request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.