

Case Number:	CM13-0068267		
Date Assigned:	01/03/2014	Date of Injury:	08/11/2000
Decision Date:	01/02/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 66-year-old male, with a reported date of injury of 08/11/2000. The diagnoses include thoracic spine sprain/strain syndrome; thoracic disc bulges at T7-T8; status post anterior cervical discectomy and fusion at C5-C6 and C6-C7; and cervicogenic headaches. Treatments include a facet rhizotomy at T7-T9 on 06/13/2013, which provided at least 70% relief; an MRI of the cervical and thoracic spine on 06/04/2013, which showed a 3.3 mm disc protrusion at C7 and T1, with bilateral foraminal stenosis, a 3 mm anterolisthesis at C3 and C4, and a 3.5 mm anterolisthesis at C4 on C5; chiropractic treatment, with improved mobility in his thoracolumbar range of motion and improved level of pain; thoracic spine computed tomography (CT) scan on 05/22/2002; a lumbar spine CT scan on 08/17/2000; a thoracic provocative discogram on 08/26/2002; Norco; Fexmid 7.5mg, which has not been effective; Zanaflex, which had been discontinued, but the injured worker asked to be put back on the the spasms; Robaxin, which has been effective; and trigger point injections. The progress report dated 11/14/2013 indicated that the injured worker has been experiencing increased neck pain with cervicogenic headaches. The pain is aggravated by any type of bending, twisting, and turning. The injured worker rated his pain a 6 out of 10. He has requested trigger point injections to the neck, because it provided 50% relief and lasted two weeks, and helped him to sleep better at night. The injured worker has been able to decrease the amount of Norco he takes to 2-3 tablets a day, after undergoing the facet rhizotomy, and admitted that the Doral 15mg had been an effective sleep aid. The physical examination of the thoracic spine showed moderate tenderness to palpation in the upper mid-thoracic spine about the level T7, with radiation around the chest wall and mid-sternal region from the thoracic region. According to the medical records, urine toxicology test have been performed on 09/13/2013 and 12/12/2013. On 12/04/2013, Utilization Review (UR) modified the request for Norco 10/325mg #120, four times

a day; Fexmid 7.5mg #60, two times a day; Ultram ER 150mg #30 daily; and Doral 15mg #30. The request was modified to Norco 10/325mg #60, four times a day; Fexmid 7.5mg #30, two times a day; Ultram ER 150mg #15 daily; and Doral 15mg #15. The UR physician noted that there is no documentation of a maintained increase in function or decrease in pain with the use of these medications, and their continued use would not be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 q.i.d #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 q.i.d #120 is not medically necessary.

Fexmid 7.5mg b.i.d #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The request is not medically necessary.

Ultram ER 150mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. There is no objective documentation of pain severity level to justify the use of tramadol with Norco in this patient. Therefore, the request for Ultram ER 150mg qd #30 is not medically necessary.

Doral 15 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore the prescription of Doral 15 mg, #30 is not medically necessary.