

Case Number:	CM14-0101038		
Date Assigned:	07/30/2014	Date of Injury:	02/22/2013
Decision Date:	02/25/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehab

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 54 year old male with date of injury 2/22/13. The treating physician report dated 8/4/14 (20) indicates that the patient presents with pain affecting the low back. The patient complains that dull aching pain in bilateral lower extremities has been increasing, left greater than right. The physical examination findings reveal lumbar flexion is limited to 30 degrees and return to neutral elicits pain across SI joints and lumbosacral spine. Extension is limited to 10 degrees and rotation is limited to 15 degrees bilaterally. A positive straight leg raise bilaterally in the sitting position is noted. Further examination reveals hypoesthesia over bilateral lateral calves and feet. Prior treatment history includes a bilateral sacroiliac joint injection, a lumbar epidural injection, and prescribed medications. Current medications include Norco, Neurontin, Flexeril, Prilosec, Lisinopril, pravastatin, fluoxetine. MRI findings reveal an L2-3 disc protrusion touching L2 nerve root, central spinal stenosis showing flattening of L3 nerve root, L4-5 disc protrusion touching L4 nerve root, an L5-S1 disc bulge, and both foraminal stenosis and lumbar facet hypertrophy. The current diagnoses are: 1. Chronic pain syndrome. 2. Thoracic or lumbosacral neuritis or radiculitis, unspecified. 3. Sacroiliitis, not elsewhere classified. 4. Acute renal failure syndrome. 5. Myocardial infarction. 6. Other symptoms referable to back. 7. Spinal stenosis, lumbar region, without neurogenic claudication. 8. Degeneration of lumbar or lumbosacral intervertebral disc. The utilization review report dated 06/18/14 (116) denied the request for Norco 10/325 Mg #30 with 3 Refills, Flexoril 10 Mg #90 with 3 Refills, and Prilosec 20 Mg #60 with 3 Refills based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #30 with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325 Mg #30 with 3 Refills. The requesting treating physician report was not found in the documents provided. The treating physician report dated 8/4/14 (20) states "Chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing pt to complete necessary activities of daily living." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 8/4/14 (20) notes the patient's pain level decreases from 6/10 to 3-4/10 with medications. Reports provided show the patient has been taking Norco since at least 5/9/14 (65). No adverse effects or adverse behavior were noted by patient. A report dated 6/9/14 notes that the patient's pain level was improved from a 7-8/10 to a 3-5/10 with medication, showing the patients symptoms are improving while on current medication. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented therefore request is medically necessary.

Flexeril 10 Mg #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Flexeril 10 Mg #90 with 3 Refills. The treating physician report notes that the patient is prescribed Flexeril, not Flexoril. The report further notes that Flexeril was being used as a muscle relaxant that was helping with low back pain. MTUS guidelines for muscle relaxants

state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided indicate that the patient has been taking Flexeril since at least 12/12/13 (100). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS therefore request is not medically necessary.

Prilosec 20 Mg #60 with 3 Refills: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Prilosec 20 Mg #60 with 3 Refills. The requesting physician's report for the prescription of Prilosec was not found in the documents provided and there is no documentation of NSAID usage. The treating physician report dated 8/4/14 states that Prilosec was prescribed due to the patient's heartburn from medications. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. The reports provided show the patient has been taking Prilosec since at least 12/12/13 (100). In this case, there is no documentation provided of current NSAID use and MTUS does not support Prilosec for dyspepsia without gastrointestinal risk factors therefore request is not medically necessary.