MAXIMUS Federal Services

Case Number:	CM14-0183641		
Date Assigned:	11/10/2014	Date of Injury:	06/03/2014
Decision Date:	03/30/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/04/2014

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: New York
Certification(s)/Specialty: Anesthesiology

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 35 year old male, who sustained an industrial injury on June 3, 2014. He has reported back pain radiating into his left leg. His diagnoses include lumbar sprain/strain and a history of gastritis. The injured worker has He has been treated with x-rays, magnetic resonance imaging (MRI), work modifications, chiropractic care, heat/cold, a compound topical cream, and pain reliever, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory medications. On 12/30/2014, his treating physician reports frequent, throbbing lower back pain with numbness and tingling. The injured worker's medication provides relief. The physical exam revealed tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles, muscle spasm of the bilateral gluteus and lumbar paravertebral muscles, and a positive Kemp's sign. The treatment plan includes continuing the current compound topical cream, pain reliever, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory medications.On November 4, 2014, the injured worker submitted an application for IMR for review a retrospective prescription for Hydrocodone 10/325mg #60, a retrospective prescription for Cyclobenzaprine 7.5mg #60, retrospective prescription for Omeprazole 20mg #60, and retrospective prescription for Naproxen 550mg #60. The Hydrocodone was non-certified or modified based on the lack of clear documentation of continued analgesia, continued functional benefit, or a lack of adverse effects. In addition, there was a lack of documentation that the prescriptions were from a single provider, taken as directed, and at the lowest possible dose was being used. The Cyclobenzaprine was non-certified or modified based on the lack of documentation of spasms on exam and the injured worker has been taking this medicine for

longer than three weeks and it is not recommended for long-term use. The Omeprazole was non-certified or modified based on the injured worker was not at intermediate risk of gastrointestinal event. The Naproxen was non-certified or modified based on the injured worker has been on long-term non-steroidal anti-inflammatory drugs without any documentation of significant derived benefit through prior long-term use. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro hydrocodone 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids. Decision based on Non-MTUS Citation Opioids

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Hydrocodone is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for retrospective Hydrocodone is not medically necessary.

Retro cyclobenzaprine 7.5 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle Relaxants Page(s): 63.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment, and is not recommended to be used for longer than 2-3 weeks. There was no documentation of muscle spasm on exam. According to CA MTUS Guidelines,

muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications used alone. Based on the currently available information, the medical necessity for this muscle relaxant medication was not established. The requested treatment was not medically necessary.In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for retrospective Cyclobenzaprine is not medically necessary.

Retro omeprazole 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), PPI's Page(s): 68. Decision based on Non-MTUS Citation PPI's

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, wih documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI risk factors and was not at an intermediate risk of gastrointestinal event. The medical necessity for this medication has not been established. The request for retrospective Omeprazole is not medically necessary.

Retro naproxen 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation NSAIDs

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication has not been established. The request for retrospective Naproxen is not medically necessary.