MAXIMUS Federal Services

Case Number:	CM14-0188349		
Date Assigned:	11/19/2014	Date of Injury:	03/23/2010
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine 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 an injured worker with lumbosacral and thoracic back complaints. The patient sustained a work related injury March 23, 2010. Past medical history included low back strain in 1981. The orthopedic evaluation report dated May 28, 2014 documented that the patient presented with complaints of low back, bilateral leg, and thoracic pain. The low back pain reveals no interval change and increases while walking. The diagnoses were herniated nucleus pulposus T11-12, degenerative disc disease, and low back strain with radiculopathy. The treatment recommendations included medications and home exercise program. The primary treating orthopedic physician report dated September 29, 2014 documented subjective complaints of low back, bilateral leg, and thoracic pain. The lower back pain is 9/10. With medications, pain is 50% improved and patient is more functional. Examination of lumbar spine reveals moderate to severe pain across the lower back with positive spasm and limited range of motion lumbar spine. He needs a cane to walk, and he has difficulty moving his back. His range of motion of the lumbar spine is restricted by 50%. He has positive straight leg raise bilaterally. Sensation to light touch is otherwise intact. Circulation is intact. Knee jerks are absent right and left. Ankle jerks are absent right and left. There is a limp. Lower extremity muscle strength was 5/5 bilaterally. The diagnoses were HNP herniated nucleus pulposus T11-12 measuring 5 mm with severe left sided dual compression, multilevel degenerative disc disease, predominant hypertrophy L3-L5, and low back strain with S1 radiculopathy. The treatment recommendations included medications, home exercise program, periodic urinalysis screening. Colace, Flexeril, Prilosec, and Norco 10/325 mg were requested 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend treatment of constipation for patients prescribed opioid medications.The primary treating orthopedic physician report dated September 29, 2014 did not document constipation. Without documentation of constipation, the request for Colace is not supported.Therefore, the request for Colace 250 mg #60 is not medically necessary.

Flexeril 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49,Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine http://www.drugs.com/pro/flexeril.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The use of Flexeril is not supported.Therefore, the request for Flexeril 10 mg #90 is not medically necessary.

Norco 10/325 mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Department of Justice Drug Enforcement Administration 21 CFR Part 1308 Docket No. DEA-389 Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II
http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm
http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm#7

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. The issuance of refills for a schedule II controlled substance is prohibited by law. Norco 10/325 mg quantity of 180 tablets with 2 refills, which is equivalent to 540 tablets, was requested on 10/30/14. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. Norco is a schedule II Hydrocodone combination product. Per DEA rules, the issuance of refills for a schedule II controlled substance is prohibited by law. Therefore, the request for Norco 10-325 mg quantity 180 with 2 refills is prohibited by law. Therefore, the request for Norco 10/325 mg #180 with 2 refills is not medically necessary.

Prilosec 20 mg #60: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The

primary treating orthopedic physician report dated September 29, 2014 did not document gastrointestinal conditions or symptoms. Medical records do not document gastrointestinal risk factors. No non-steroidal anti-inflammatory drug (NSAID) use was documented. Because no gastrointestinal risk factors were documented, the request for Prilosec (Omeprazole) is not supported by MTUS guidelines.Therefore, the request for Prilosec 20 mg #60 is not medically necessary.