MAXIMUS Federal Services

Case Number:	CM14-0195211		
Date Assigned:	12/02/2014	Date of Injury:	07/13/2013
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Pain 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 injured worker is a 45 year-old male with a date of injury of July 13, 2013. The patient's industrially related diagnoses include bilateral shoulder pain, rotator cuff tear of the right shoulder, left shoulder rotator cuff repair on 12/20/2013, chronic biceps tendon tear, chronic low back pain, discogenic low back pain, facetogenic low back pain, and lumbar sprain/strain with radiculopathy. The injured worker had conservative treatment of physical therapy that was not beneficial and is managed with medications. MRI of lumbar spine was done on 6/9/2014 which noted facet joint arthritis throughout the lumbar spine and most severe at L4-L5 and L5-S1 levels, broad-based spur disc complex at L5-S1 without central canal stenosis but moderate bilateral neural foramina narrowing with mild impingement of bilateral L5 exiting nerve roots. The disputed issues are prescriptions for Protonix 20mg #60, Flexeril 7.5mg #60, Norco 10/325mg #120, and one bilateral L4-L5 and L5-S1 facet joint steroid injection under fluoroscopic guidance and conscious sedation. A utilization review determination on 11/6/2014 had non-certified these requests. The stated rationale for the denial of Protonix was: "Proceeding with Protonix does not appear medically warranted. According to guideline criteria and available documentation the patient is not at risk for gastrointestinal events associated with the use of NSAIDs, which would require a proton pump inhibitor as a treatment option." The stated rationale for the denial of Flexeril was: "Records do not indicate evidence of an acute exacerbation of pain at this time. Therefore the use of Flexeril is not necessary in this case as there is no evidence of an acute exacerbation which requires intervention with a muscle relaxant." The stated rationale for the denial of Norco was: "Prior documentation available from [redacted] notes that while the patient was under her care she attempted to transition the patient to use of the Butrans patch. Following this prescribed transition on 7/12/14, there are no additional follow up records provided with [redacted] and the patient was documented to present

to the emergency room on multiple occasions in September requesting a prescription of Norco. The patient's behavior constitutes drug-seeking behavior which is a sign of potential opioid abuse. Although it is appreciated that the patient reported benefit with prior use of the medication, these instanced of drug-seeking behavior and the lack of documented medication compliance use as there are no documented urine drug screens, proceeding with continued use is not warranted. Guidelines suggest a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule for cases such as this. Therefore, weaning will be initiated this time." Lastly, the stated rationale for the denial of the facet joint injections was: "Although it is appreciated that there is evidence of facet arthropathy with pain upon extension, there is evidence of neural impingement at the requested levels with associated subjective complaints of lower extremity numbness as well as decreased sensation of the left lateral leg. Thus the requested procedure is not congruent with evidence based guidelines at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors PPIs

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. The documentation indicates that the injured worker previously took Ibuprofen, Naproxen 550mg, and Mobic 15mg without documentation of gastrointestinal symptoms. In the progress report 10/27/2014, the requesting provider indicates that Protonix was prescribed for GI protection, but the guidelines do no recommend it for that use. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Protonix (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix 20mg #60 is not medically necessary.

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Flexeril in the past. In a progress report dated 5/28/2014, the documentation indicates that the injured worker was prescribed Flexeril 5mg for muscle spasms the previous visit. After taking one tablet, the injured worker experienced adverse side effects of irritability and feeling angry. Therefore, at that time, the medication was discontinued and Soma was prescribed instead. In the report dated 10/27/2014, there was documentation that the injured worker was experiencing spasm in the low back with objective evidence noted on physical examination. However, the requesting provider does not provide a rationale for prescribing this medication since the injured worker previously had adverse side effects on it. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In light of these issues, the currently requested Flexeril 7.5 mg #60 is not medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. As of October 6, 2014, the DEA reclassified Norco as a Schedule II Controlled medication. Because of this reclassification, refills are no longer permitted. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify that opioids should be discontinued if there is no documentation of improved function and pain. Within the documentation available for review, there was indication that the medication was improving the injured worker's pain without side effects, but there was limited documentation regarding function. In the report dated 10/27/2014, the requesting provider stated that the injured worker has been functional on the medication but did not provide specific examples of functional improvement with the use of Norco. Lastly, the provider indicated that there has been no aberrant drug behavior. However, the submitted medical records indicate that the injured worker was previously prescribed Norco by his PCP, and in a progress report dated 6/16/2014, the urgent care provider documented that the PCP would no longer prescribe Norco and the urgent care provider took over. Progress reports from the PCP were not available for review. In the progress report dated 7/15/2014, the injured worker was transitioned from Norco to Butrans patch and there were no further records of f/u visits with that urgent care provider. Furthermore,

there were reports from emergency department visits on 9/18/2014 and 9/26/2014 where there was documentation that the injured worker received prescriptions for Norco. However, there was no discussion regarding this narcotic history in the report dated 10/27/2014. Without clear documentation of functional improvement with Norco and with limited discussion of possible aberrant behavior, there is no indication for ongoing use of the medication at this time. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325mg is not medically necessary.

1 bilateral L4-L5 and L5-S1 facet joint steroid injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines Low back-lumbar and thoracic (Acute and chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections Topic

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the requesting provider documented objective examination findings supporting the diagnosis of facetogenic pain which included tenderness to palpation over the lumbar facets (more so on the right). However, the injured worker was previously diagnosed with lumbar pain with radiculopathy on 7/12/2014. The requesting provider also documented subjective complaints of occasional numbness and tingling in the left lateral leg and the right inner thigh with documented abnormal sensory examination. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations and radicular findings. As such, the currently requested bilateral L4-L5 and L5-S1 facet joint steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary.