

Case Number:	CM14-0196673		
Date Assigned:	12/04/2014	Date of Injury:	01/06/2004
Decision Date:	01/22/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 a history of lumbosacral injury. Date of injury was January 6, 2004. The orthopedic consultation report dated February 24, 2011 the diagnoses of L5-S1 disc herniation and degenerative disc disease, L4-5 disc protrusion, status post L5-S1 decompression, fusion, instrumentation, and failed back surgery syndrome. Medications included Hydrocodone, Methocarbamol, Buspirone, Celebrex, and Nexium. The patient said that the medications are not particularly effective. Lumbar MRI magnetic resonance imaging dated 2/15/11 demonstrated disc space narrowing and post-surgical changes L5-S1. Enhancing soft tissue and possible recurrent protrusion left at L5-S1 were noted. Disc osteophyte mild L5-S1 was noted. Far left lateral protrusion L4-5 was noted. The primary treating physician's progress report dated 4/28/14 documented the prescription of Norco 10 mg, Celebrex 200 mg, Robaxin 750 mg, and Nexium. The primary treating physician's progress report dated 7/30/14 documented the prescription of Norco 10 mg, Celebrex 200 mg, Robaxin 750 mg, and Nexium. The primary treating physician's progress report dated 10/28/14 documented the patient is came in with lab results. There is a slight increase in his creatinine level and slight decrease in the EGFR estimated glomerular filtration rate. He will see his family physician for such. He also needs a pain management specialist. Objective findings were documented. Objectively, dorsolumbar spine shows healed incision from surgical intervention with no guarding, no spasms. Negative straight leg raise was noted. Negative Fabere's was noted. Flexion 60 degrees, extension 10 degrees, right and left bending 10 degrees were noted. Motor strength is 5/5. Diagnoses were failed back syndrome, and L5-S1 decompression, fusion, and instrumentation in October 2004. Treatment plan included medications and pain management and evaluation and transfer of care. Prescriptions included Nexium 30 mg, Robaxin 750 mg, Celebrex 200 mg #60 with 3 refills, and Norco 10 mg # 120 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48 and 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) for ongoing monitoring. 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 back conditions. The primary treating physician's progress report dated 10/28/14 did not address analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The 10/28/14 progress reports did not document pain or tenderness on physical examination. Objectively, dorsolumbar spine showed healed incision from surgical intervention with no guarding, no spasms. Negative straight leg raise was noted. Negative Fabere's was noted. Motor strength was 5/5. Medical records document the long-term use of opioids. The orthopedic consultation report dated 2/24/11 documented that the patient said that the medications, including Norco, were not particularly effective. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The medical records do not provide support for the request for Norco. The request for Norco is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 10mg #120 is not medically necessary.

Celebrex 200mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The primary treating physician's progress report dated 10/28/14 documented that the patient presented lab results. There was a slight increase in his creatinine level and slight decrease in the EGFR estimated glomerular filtration rate. Per MTUS, use of NSAIDs may compromise renal function. The 10/28/14 progress reports did not document pain or tenderness on physical examination. Objectively, dorsolumbar spine showed healed incision from surgical intervention with no guarding, no spasms. Negative straight leg raise was noted. Negative Fabere's was noted. Motor strength was 5/5. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure. Medical records indicate the long-term use of NSAIDs. The orthopedic consultation report dated 2/24/11 documented that the patient said that the medications, including Celebrex, were not particularly effective. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The use of the NSAID Celebrex is not supported by medical records and MTUS guidelines. Therefore, the request for Celebrex 200mg #60 with 3 refills is not medically necessary.

Robaxin 750mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin (Methocarbamol) <http://www.drugs.com/pro/robaxin.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. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. FDA Prescribing

Information document that Robaxin is indicated for acute musculoskeletal conditions. Medical records indicate the long-term use of Robaxin for chronic conditions. The primary treating physician's progress report dated 10/28/14 did not document pain or tenderness on physical examination. No spasms were noted. The orthopedic consultation report dated 2/24/11 documented that the patient said that the medications, including Robaxin, were not particularly effective. MTUS and FDA guidelines do not support the long term use of Robaxin for chronic conditions. Therefore, the request for Robaxin 750mg #60 with 2 refills is not medically necessary.

Nexium 30mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Nexium (Esomeprazole) FDA Prescribing Information <http://www1.astrazeneca-us.com/pi/Nexium.pdf>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The primary treating physician's progress report dated 10/28/14 does not document gastrointestinal complaints or conditions. Because of the absence of gastrointestinal conditions, the request for the proton pump inhibitor Nexium is not supported by MTUS guidelines. Therefore, the request for Nexium 30mg #30 with 2 refills is not medically necessary.