

Case Number:	CM14-0198604		
Date Assigned:	12/08/2014	Date of Injury:	10/07/2011
Decision Date:	01/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This is a 63 year old female with a work related injury dated 10/07/2011. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a progress note dated 09/23/2014, the injured worker presented with complaints of increased low back pain and tightness. Diagnoses included low back pain, lumbar discogenic pain syndrome, lumbar radiculitis, lumbar post-laminectomy syndrome, lumbar facet joint pain, myalgia, and chronic pain syndrome. Treatments have consisted of H-Wave, home exercise program, moist heat and ice, and medications. Diagnostic testing included Computed Tomography (CT) of the lumbar spine performed prior to her back surgery on 04/12/2012 which demonstrated acute superior L4 endplate compression deformity with 10% loss of vertebral body height and lumbar spine x-rays post surgery on 06/03/2013 demonstrating status post anterior fusion at L4-5 and L5-S1 with evidence of some fusion at L5-S1. Urine drug screen performed on 08/26/2014 which was positive for opiates, Gabapentin, and Elavil, and negative for all other substances, which is consistent with what is being prescribed. Work status is not noted in received medical records. On 11/03/2014, Utilization Review denied the request for Flexeril 7.5mg #60, Naproxen 550mg #60, Omeprazole 20mg #60, Norco 10/325mg #120, and Exalgo 8mg #30 citing California Medical Treatment Utilization Schedule Guidelines. The Utilization Review physician stated there was no documentation of how long the patient has been taking cyclobenzaprine (Flexeril) as this medication is used to decrease muscle spasm using a short course of therapy and is not recommended to be used for longer than 2-3 weeks. As for the request for Naproxen, anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. However, there was no clear documentation provided on how long the injured worker had been taking NSAID's (non-steroidal anti-inflammatory drugs), as long-term use is not warranted. Regarding the Omeprazole, guidelines

recommend this medication for treatment of dyspepsia secondary to NSAID (non-steroidal anti-inflammatory drug) therapy. However, the requested NSAID is not supported. As for the request for Exalgo and Norco, referenced guidelines recommend 4 domains for ongoing monitoring of chronic pain patients on opioids such as pain relief, side effects, functioning, and the occurrence of any aberrant potentially drug-related behaviors. However, recent urine drug screen to monitor any aberrant or non-adhering drug related behaviors were not provided. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The current request is for Flexeril (Cyclobenzaprine). Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This injured worker has been treated with NSAIDS for at least 6 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this injured worker. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this injured worker.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms and Cardiovascular Risk Page(s): 67-.

Decision rationale: The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary.

Exalgo 8mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Exalgo is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.