MAXIMUS Federal Services

Case Number:	CM14-0206979		
Date Assigned:	12/19/2014	Date of Injury:	01/22/2000
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine 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 a 57-year-old male with an injury date of 01/22/2000. Based on the 04/10/2014 report, the patient has a slow gait with a limp on his left leg and uses a cane to ambulate. There is a positive straight leg raise on the left at 30 degrees and decreased sensation to light touch over the posterolateral thigh and calf. Neither the 7/25/2014 nor the 10/16/2014 reports provide any new additional positive exam findings. The most recent report, 10/16/2014, indicates that the patient is currently taking Prilosec, Anaprox, Norflex, Cymbalta, gabapentin, and Norco. The patient is currently permanent and stationary and the lumbar spine CT scan from 11/07/2013 revealed the following:1. Posterior spinal fixation and placement of interbody disk spacers at L3-L4 and L4-L5.2. Evidence of interbody fusion at L3-L4, but likely not at L4-L5.3. Moderate to severe L2-L3 and L5-S1 degenerative disk disease.4. Mild bony central canal stenosis at L2-L3 due to facet atrophy.The patient's diagnoses include the following:Postlaminectomy syndrome.Lumbar disk disease.Lumbar radiculitis.Lumbar stenosis.The utilization review determination being challenged is dated 11/18/2014. There were 3 treatment reports provided from 04/10/2014, 07/25/2014, and 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 120, One PO Q 6 HRS PRN PAIN (10/30/14, 11/30/14, 12/30/14):
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): 76-78, 88-89.

Decision rationale: According to the 10/16/2014 progress report, the patient presents with low back pain. The request is for Norco 10/325 MG #120, 1 P.O. Q.6 HOURS P.R.N. PAIN (10/30/2014, 11/30/2014, 12/30/2014). The patient has a slow gait with a limp on his left leg, uses a cane to ambulate, has a positive straight leg raise on the left at 30 degrees, and decreased sensation to light touch over the posterolateral thigh and calf. The patient has been taking Norco as early as 04/10/2014. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's were addressed as required by MTUS. The provider fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there are any discussions provided on adverse behaviors/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. The patient had urine drug screens on 08/07/2014 and 10/16/2014 which indicated that the patient was compliant with his medications. The treating physician has failed to provide all the minimal requirements and documentation that are outlined in the MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.

Norflex ER QTY 60 1 bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The patient presents with intermittent low back pain. The request is for Norflex ER #60, 1 B.I.D. The patient has a slow gait with a limp on his left leg, uses a cane to ambulate, has a positive straight leg raise on the left at 30 degrees, and decreased sensation to light touch over the posterolateral thigh and calf. The patient has been taking Norflex as early as 04/10/2014.For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using

it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Official Disability Guidelines states, "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by FDA in 1959. Side effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects." In this case the patient has been taking this medication as early as 04/10/2014, which exceeds MTUS Guidelines. Norflex is a sedating muscle relaxant, and long-term use is not supported by the guidelines. The provider does not indicate this medication is to be used for short term to address a flare-up, new injury, or exacerbation. Therefore, the requested Norflex is not medically necessary.

Prilosec 20mg 1 bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68, 69.

Decision rationale: The patient presents with intermittent low back pain. The request is for Prilosec 20 MG 1 B.I.D. The patient has been taking Prilosec as early as 04/10/2014. MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1) Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High dose/multiple NSAID. MTUS page 69 states NSAIDs, GI symptoms, and cardiovascular risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. The 10/16/2014 report indicates the patient is currently taking Prilosec, Anaprox, Norflex, Cymbalta, Gabapentin, and Norco. In this case, there is no discussion regarding what Prilosec has done for the patient. The provider does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the ongoing use of Prilosec is not medically necessary.

Epidural Steroid Injections (ESI) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The patient presents with intermittent low back pain. The request is for an epidural steroid injection (ESI), L5-S1. The patient has a slow gait with a limp on his left leg, uses a cane to ambulate, has a positive straight leg raise on the left at 30 degrees, and decreased

sensation to light touch over the posterolateral thigh and calf. The 11/07/2013 CT of the lumbar spine did show moderate to severe degenerative disk disease at L5-S1. The 10/16/2014 states the patient had "an epidural steroid injection at the end of 2012 which offered 50% pain relief."In regards to epidural steroid injections, MTUS pages 46-47 have the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing...In the therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year." Although the provider documents a 50% pain relief with the patient's prior epidural steroid injection, there is no indication of how long this pain relief lasted for or if there is a reduction of medication use in addition to the pain relief. MTUS requires at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, for repeat blocks. The CT scan only showed degeneration of the disc at L5-S1 with no potential nerve root irritation/compression lesion. Therefore, the requested lumbar spine epidural steroid injection at the L5-S1 level is not medically necessary.