

Case Number:	CM15-0003358		
Date Assigned:	01/14/2015	Date of Injury:	05/20/2000
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female with an industrial injury dated 05/20/2000 resulting in low back pain. She presented for follow up on 12/22/2014 stating she was having 30-40% relief with the use of her pain medications. She continued to stay active with household chores, running errands etc. She described her pain level as 7/10. Diagnoses include sacroiliac spine strain, lumbar facet arthropathy, post laminectomy syndrome, and sciatica. Prior treatments include discectomy in 2008, epidural steroid injections, and medications. She is retired. Physical exam revealed slow and right antalgic gait, not able to do heel toe walking. Strength was 4/5 in right leg and 5/5 in left leg. Low back exam revealed flexion 80 degrees and extension 20 degrees, bilateral facet loading test positive and straight leg raising positive on the right side. On 12/31/2014 utilization review non-certified the following requests: Dexilant 60 mg # 30 with 2 refills noting there is no documentation that the patient was at risk for gastrointestinal events. MTUS was cited Flexeril 5 mg # 30 with 2 refills noting there are no subjective or objective findings of muscle spasm. MTUS was cited. Skelaxin 800 mg # 30 with 2 refills noting the patient had utilized Skelaxin since at least July 2014 without documentation of meaningful benefit and there were no objective findings of muscle spasm. MTUS was cited. The following requests were modified: Pristiq 100 mg # 30 with 2 refills was modified to Pristiq 100 mg # 30 noting; given the patient's benefit continuing with the medication is appropriate. It should be noted that continuation in the future will be determined on the continued documentation of benefit, and therefore, the refills are not necessary at this time. MTUS and ODG were cited. Docusate Sodium 250 mg # 30 with 2 refills was modified to Docusate Sodium 250 mg # 30

noting guidelines recommend the prophylactic treatment of constipation for patients utilizing opioids, however, given that the request that Norco was recommended for weaning refills of docusate sodium are not necessary. Citation not listed. On 01/07/2015 the injured worker submitted an appeal for IMR review of the above listed medications. The provider noted that she had been stable on Dexilant for nocturnal GERD due to chronic opioid and NSAID use for 4 years. She has failed Nexium and Aciphex, as they were not effective. She gets benefit from Skelaxin during the day and Flexeril at night. She has failed Soma and baclofen. Pain medications are said to give 30-40% relief and she continues to stay active with chores, errands, etc. Pain level is 5/10 with medication. On exam, there is slow antalgic gait with 4/5 strength in right leg and right L4 to S1 diminished sensation to pain and temperature. Facet loading is positive and SLR is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 MG #30 with 2 Refills: 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 based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Dexilant, 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, the patient is said to have GERD secondary to opioid and NSAID use, but there is no indication that the patient has failed first-line agents prior to initiating treatment with Dexilant (a 2nd line proton pump inhibitor). The provider noted failure of Nexium and Aciphex, but these are both 2nd line agents. In the absence of clarity regarding those issues, the currently requested Dexilant is not medically necessary.

Pristiq 100 MG #30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Regarding the request for Pristiq, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in

use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is notation of 30-40% pain relief with medications in general. The provider notes maintenance of function with chores and errands, but further specifics are not given. Furthermore, the current request for 3 months of treatment is not conducive of regular reassessment for efficacy and continued need for the medication and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested Pristiq is not medically necessary.

Docusate Sodium 250 MG #30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for docusate, CA MTUS supports the prophylaxis of constipation for patients undergoing opioid therapy. Within the documentation available for review, it is noted that the opioid was recommended for weaning and the docusate was modified to certify #30 with no refills, which is appropriate. However, unfortunately, there is no provision for modification of the current request and there is no clear indication for continuation of the medication after the opioid is discontinued. In light of the above issues, the currently requested docusate is not medically necessary.

Flexeril 5 MG #30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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. Within the documentation available for review, 30-40% pain relief from medications in general is noted, but it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Skelaxin 800 MG #30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Skelaxin, 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. Within the documentation available for review, 30-40% pain relief from medications in general is noted, but it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Skelaxin is not medically necessary.