

Case Number:	CM15-0103069		
Date Assigned:	06/05/2015	Date of Injury:	09/11/2009
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: Preventive Medicine, Occupational Medicine

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 54-year-old female with an industrial injury dated 09/11/2009. Her diagnoses included lumbago, pseudoarthrosis/non-union of fracture, failed back surgery/post laminectomy syndrome, lumbar, insomnia and headache. Prior treatments include psychotherapy, lumbar fusion, lumbar facet injections, physical therapy, non-steroidal anti-inflammatory drugs, opioids, muscle relaxants and anti-convulsants. She presents on 04/27/2015 with complaints of worsening low back and lower extremity radicular pain along with weakness and muscle spasms. She rates her pain as 7/10 on the pain scale. She is status post lumbar fusion. Lumbar facet injections above the fusion provided minimal benefit. The provider documented current medication regimen continued to help. Opioid consumption was down to a minimum of only twice a day dosing. The injured worker reported an additional 30% relief of axial low back and lower extremity radicular pain since the increase of opioid dosing from once a day to twice a day. Lorazepam twice daily helped her anxiety secondary to pain. She reported relief of insomnia with Ambien at bedtime. Physical exam revealed no paracervical muscle tenderness on the right or left with normal rotation to the right and left. The lumbar spine was hypersensitive to touch and range of motion was limited with muscle spasms and tenderness at facet joints. Treatment plan included pain medication (Norco), naproxen, Terocin lotion, Lorazepam, Flexeril (acts within 30 min of ingestion, states improved pain by 50% and improves function), and Toradol for migraine headaches. The provider discussed with the injured worker the 4 A's of monitoring narcotics. The provider documents a pain agreement has been signed and is on file in the office. Urine drug screens are in the submitted records. The

treatment request is for Cyclobenzaprine 10 mg # 30, Hydrocodone/Acetaminophen 10/325 mg # 60, Ketorolac 10 mg # 20 and Lorazepam 1 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of this medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following these criteria. Considering the entire above, medical necessity for continued use of Norco is medically necessary.

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications Page(s): 24, 66, 124. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Lorazepam (Ativan) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anti-convulsant and muscle relaxant. Long-term efficacy is unproven and tolerance to its effectiveness occurs quickly. The MTUS does not recommend its

use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months, for its anxiolytic effect. Continued use is not indicated. Medical necessity has not been established but because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. This request is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over one month. Since there is no documented provider instruction to use this medication on an intermittent or "as needed" basis and since the patient continues to experience recurrent muscle spasms while taking the medication there is no indication to continue use of this medication. Medical necessity for use of muscle relaxants (as a class) or cyclobenzaprine (specifically) is not medically necessary.

Ketorolac 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ketorolac (Toredol) is a non-steroidal anti-inflammatory medication (NSAID) indicated for the short-term management of moderate to severe pain. NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and

connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. However, this patient is already taking a NSAID medication (naproxen). Addition of a second NSAID is not indicated for use at this time. Medical necessity for use of this medication is not medically necessary.