

Case Number:	CM15-0106239		
Date Assigned:	06/10/2015	Date of Injury:	07/17/2002
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 45-year-old male, who sustained an industrial injury on 7/17/02. The injured worker was diagnosed as having pain related depression, status post lumbar fusion, chronic low back pain, multilevel degenerative disc disease of lumbar spine and chronic compensatory muscle spasm. Treatment to date has included oral medications including Norco, Senokot, Lorazepam, Lyrica, Cymbalta and Trazodone; epidural steroid injections, spinal fusion, stimulator unit, physical therapy and chiropractic therapy. (MRI) magnetic resonance imaging of lumbar spine performed on 5/11/15 revealed status post L3-S1 fusion with slightly worsening mild spondylosis at L2-3. Currently, the injured worker complains of chronic pain in low back and mid back region radiating to the right and left hips and back of right and left legs; he also complains of pain extending into the front of the hips and numbness in the groin area. He rates the pain 4/10. He is considered permanent and stationary. Physical exam noted decreased range of motion of lumbar spine with tenderness and paraspinal muscle spasming of lumbar region. The treatment plan included continuation of current medications and addition of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

1 prescription of Tramadol 50mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-97.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested Tramadol with 6 refills has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

1 prescription of Fexmid 7.5mg #60 with 6 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 Page(s): 63.

Decision rationale: Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. The documentation indicates the patient has muscle spasms on exam but there is no indication for long-term use. Medical necessity for the requested medication with 6 refills has not been established. The requested medication is not medically necessary.

1 prescription of Naproxen 500mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without documentation of significant improvement. There was no documentation of objective benefit from use of this medication. Medical necessity of the requested Naproxen with 6 refills has not been established. The request for Naproxen is not medically necessary.

1 prescription of Prilosec 20mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient has had any GI symptoms or risk factors. The medical necessity for Prilosec with 6 refills has not been established. The requested medication is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for a repeat MRI of the lumbar spine. The patient had an MRI 1/26/2010 that demonstrated evidence of fusion from L3 to S1, and disc protrusion at L2-L3. An MRI was performed on 5/11/2015, which demonstrated evidence of the fusion from L3-S1 and slightly worsening spondylosis at L2-L3. There is no radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.