MAXIMUS Federal Services

Case Number:	CM15-0130997		
Date Assigned:	07/17/2015	Date of Injury:	07/28/2005
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York
Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 7/28/2005. The mechanism of injury was not described. The current diagnoses are lumbar radiculopathy, chronic low back pain, grade 1 spondylolisthesis at L4-5, and lumbar herniated nucleus pulposus with neuroforaminal narrowing. According to the progress report dated 5/29/2015, the injured worker complains of low constant, aching back pain with radiation down his left lower extremity associated with numbness and tingling. This is increased due to increased activity. The pain is rated 3/10 on a subjective pain scale. In addition, he reports trouble sleeping due to pain and occasional spasms in his back that can be severe. The physical examination of the lumbar spine reveals limited and painful range of motion, diminished sensation of the L4 dermatome on the left, decreased motor strength in the bilateral lower extremities, and positive straight raise leg test bilaterally. The current medications are Norco, Prilosec, Flexeril, and Naproxen. It is unclear when the requested medications were originally prescribed. Treatment to date has included medication management, physical therapy, home exercise program, MRI studies, chiropractic, and 3 epidural steroid injections. MRI of the lumbar spine from 7/17/2014 showed mild degenerative disc disease, mild left neuroforaminal narrowing at L3-4, and mild neuroforaminal narrowing at L4-5, left greater than right. Work status is described as "working full duty". A request for Cyclobenzaprine, Naproxen, Omeprazole, and Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 (refill x 1) (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Cyclobenzaprine (Flexeril) be used as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Furthermore, 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. Also there is no additional benefit shown in combination with NSAIDs. The addition of cyclobenzaprine to other agents is not recommended. In this case, it is unclear when the requested Cyclobenzaprine was originally prescribed. The guidelines specifically note that muscle relaxants do not prove to be any more effective than NSAIDs alone for the treatment of low back pain. Also, the guidelines do not support the addition of Cyclobenzaprine to any other agents. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Cyclobenzaprine is not medically necessary.

Naproxen Sodium 550mg #60 (refill x 1) (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen (Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, it is unclear when the requested Naproxen was originally prescribed. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. There is no documentation of functional benefit or improvement as an increase in activity tolerance; and/or a reduction in the use of medications as a result. Although the current medication is subjectively

reported to allow the injured worker to be functional, and work full time, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Naproxen is not medically necessary.

Omeprazole 20mg #60 (refill x 1) (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors (PPI) when a patient is considered to be at intermediate or high risk for gastrointestinal events or cardiovascular disease. PPIs should be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. Routine use of PPIs is not recommended as long-term use has been shown to increase the risk of hip fractures. In this case, there is no documentation that the injured worker is at risk for gastrointestinal events or cardiovascular complications, and therefore non-selective non-steroidal, anti-inflammatory medications do not need to be accompanied with a PPI. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Omeprazole is not medically necessary.

Norco 10/325mg #90 (refill x 1) (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities

of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, it is unclear when the requested Norco was originally prescribed. The guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treating physician failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. In addition, the records do not establish that drug screening has been performed or that issues of abuse, addiction, or poor pain control have been addressed. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. Although the current medication is subjectively reported to allow the injured worker to be functional, and work full time, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.