

Case Number:	CM15-0136542		
Date Assigned:	08/10/2015	Date of Injury:	10/09/2004
Decision Date:	09/16/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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 56 year old female who sustained an industrial injury on 10/09/2004 resulting in injury to the low back, neck and upper extremities. Treatment provided to date has included: lumbar spine arthrodesis (2007) and subsequent removal of hardware (2009); spinal cord stimulator trial (02-2015) which was noted to be unsuccessful; physical therapy; medications; and conservative therapies and care. Recent diagnostic testing included: x-rays of the lumbar spine (2015) showing status post discectomy and inter-body disc spacer at L5-S1 with the screw traversing the L5 vertebral body, and spinal stimulator device entering the spinal canal at T12-L1; and per a progress note (dated 10-09-2014), a MRI of the cervical spine (2014) showing 1-2mm disc bulges from C3-C7, and a lipoma versus hemangioma at the T1 vertebral body measuring 8 mm. Other noted dates of injury documented in the medical record include: 2002 and 2003. There were no noted co-morbidities. On 05-28-2015, physician progress report noted complaints of chronic unremitting pain in the lumbar spine and pain in the left shoulder. The physician indicated that the injured worker was suffering from failed back syndrome. There was no pain rating or description of the pain noted. Current medications include Docusone 100mg twice daily for constipation, Flexeril 5mg twice daily as needed for muscle spasms, Prilosec 20mg twice daily as needed for stomach protection and gastritis, Anaprox 550mg twice daily as needed for pain and inflammation, and Norco 5mg twice daily as needed for pain. The physical exam revealed a visibly uncomfortable appearing injured worker, tenderness and spasms noted over the paravertebral muscle of the lumbar spine, decreased range of motion with flexion and extension of the lumbar spine, dysesthesia noted in the L4, L5 and S1 dermatomal distributions bilaterally, acromioclavicular joint tenderness in the left shoulder, and a positive cross-body test. The provider noted diagnoses of lumbago, pain in limb, lumbosacral

radiculopathy, and shoulder impingement. Plan of care includes refills on current medications and follow-up in 4 weeks. The injured worker's work status was noted as permanent and stationary. The request for authorization and IMR (independent medical review) includes: 3 prescription refills of Anaprox 550mg #60, 3 prescription refills of Docuprene 100mg #60, Flexeril 5mg #15 with 4 refills of #60, Norco 5-325mg #30 with 4 refills of #60, and 3 prescription refills Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 prescription refills of Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, & 67-73.

Decision rationale: The CA MTUS guidelines state that Anaprox (Naproxen) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). Upon review of the medical documentation submitted, it was noted that the injured worker had been prescribed Anaprox monthly since 01-2015. However, there was insufficient of functional improvement, decreased pain, increased activity levels, or return to work with the use of this medication. Furthermore, the injured worker has consistently been seen every 4-6 weeks and the current progress report states the injured worker is to follow-up in 4 weeks. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

3 prescription refills of Docuprene 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Opioid-induced constipation treatment.

Decision rationale: Docuprene (docusate sodium) is an over-the-counter (OTC) medication used to treat occasional constipation and hard, dry stools. The MTUS is silent in regards to Docuprene; therefore, the ODG was consulted in the decision on this issue. The ODG states: "if

prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Opioid Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract." In this case, there is no evidence or recent history of constipation. However, the injured worker has been prescribed Norco which has been non-certified. Despite the fact the injured worker has been prescribed an opioid which has subsequently been denied, 3 prescription refills of Docuprene 100mg #60 were requested. There is no evidence to support medical necessity for a 5 month supply of Docuprene. As such, the request for 3 prescription refills of Docuprene 100mg #60 is not medically necessary.

Flexeril 5mg #15 with 4 refills of #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Cyclobenzaprine (Flexeril) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long-term use. This medication is not recommended to be used for longer than 2-3 weeks. The clinical notes show that the injured worker has been prescribed Cyclobenzaprine for several months with insufficient evidence of reduced spasms, reduction in pain, or improvement in function with the use of this medication. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, the request for Flexeril is not medically necessary.

Norco 5/325mg #30 with 4 refills of #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, criteria for use.

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

Decision rationale: Norco (Hydrocodone/ Acetaminophen) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS 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." The MTUS also recommends the discontinuation of opioids when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned

possible indications for immediate discontinuation. Upon review of the submitted documentation, it is clear that the injured worker has been prescribed Norco for several months. However, the progress reports demonstrate that the treating physician did not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. Additionally, there is no documented evidence of monitoring for misuse or side-effects. Furthermore, the injured worker was prescribed Norco 5-325mg #30 with 4 refills of #60 despite being seen every 4-6 weeks consistently. This frequency of follow-ups allows for continued monitoring of progress with additional refills as needed. As such, Norco is not medically necessary.

3 prescription refills of Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk 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. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Upon review of the clinical documentation, the injured worker is not over the age of 65. Additionally, there is no evidence of high dose or multiple NSAID use, concurrent use of aspirin, corticosteroids, and or anticoagulants. Additionally, Anaprox has been determined not medically necessary. Moreover, this is a request for 3 prescription refills Prilosec 20mg #60 despite being seen every 4-6 weeks consistently. Given the increased risk associated with PPI medications, lack of GI risk factors and the absence of need for excessive refills in light of frequent visits, the medical necessity for omeprazole (Prilosec) has not been established. Therefore, the request for 3 prescription refills of Prilosec 20mg #60 is not medically necessary.