MAXIMUS Federal Services

Case Number:	CM15-0139917		
Date Assigned:	07/29/2015	Date of Injury:	03/07/2001
Decision Date:	09/21/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 55 year old female, who sustained an industrial injury on 03-07-2001. She has reported injury to the low back. The diagnoses have included chronic low back pain; chronic pain syndrome; spinal enthesopathy; degeneration of intervertebral disc; thoracic and lumbosacral neuritis or radiculitis; muscle spasms; and major depressive disorder. Treatments have included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, psychotherapy, physical therapy, and home exercise program. Medications have included Norco, Topamax, Norflex, Flector patch, Lorazepam, Seroquel, Sonata, Doxepin, transdermal creams, and Omeprazole. A progress report from the treating physician, dated 06-04-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in her lumbar region; the pain is described as aching and soreness; the pain is worse in the mornings; there is low back pain with radicular pain down the both legs, more pronounced on the left, with pain in the soles of both feet with prolonged walking; rest and medication helps the pain lessen; the pain increased and decreased on a scale from 0-10, she reports the pain at 7.5 with medication; and without medication, the pain is reported at 10. Objective findings included lumbar spinal tenderness; lumbar paraspinal tenderness; lumbar facet tenderness at L4-S1; and positive lumbar facet loading maneuvers. The treatment plan has included the request for Norco 10/325mg #120 for 30 days; Norflex 100mg #90 for 30 days; Omeprazole 20mg #60 for 30 days; and Flector patch 1.3% for 30 days, with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88,89, 80, 81.

Decision rationale: The 55 year old patient complains of lower back pain, rated at 7.5/10 with medications and 10/10 without medications, as per progress report dated 06/04/15. The request is for NORCO 10/325mg #120 FOR 30 DAYS. There is no RFA for this case, and the patient's date of injury is 03/07/01. Diagnoses, as per progress report dated 06/04/15, included chronic pain syndrome, lower back pain, spinal enthesopathy, fasciitis, degeneration of intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and muscle spasms. Medications included Topiramate, Flector patch, Norco, Norflex, Omeprazole, Topomax and Transdermal cream. The patient also suffers from major depressive disorder and moderate anxiety, as per Psychologist report dated 05/13/15. The patient is temporarily totally disabled, as per progress report dated 06/04/15.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 02/26/15, and the patient has been taking the medication at least since then. As per progress report dated 06/04/15, medications help reduce pain from 10/10 to 7.5/10. In the same report, the treater states that Norco, Norflex, Topamax and Flector patch provide adequate analgesia, improved activities of daily living, no adverse effects, and no evidence of aberrant drug taking. Norco continues to be the main agent for pain control along with Norflex and transdermal pain [patch] which provide significant help in controlling pain associated with muscle aches and muscle spasms. The report also states that along with Flector patch, Norco helps the patient manage her pain effectively and be functional. Urine screen test is positive for opiates, as per progress report dated 05/07/15. The treater, however, does not provide specific examples that indicate improvement in function before and after Norco use, as required by MTUS. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Norflex 100mg #90 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Muscle relaxants (for pain).

Decision rationale: The 55 year old patient complains of lower back pain, rated at 7.5/10 with medications and 10/10 without medications, as per progress report dated 06/04/15. The request is for norflex100mg #90 FOR 30 DAYS. There is no RFA for this case, and the patient's date of injury is 03/07/01. Diagnoses, as per progress report dated 06/04/15, included chronic pain syndrome, lower back pain, spinal enthesopathy, fasciitis, degeneration of intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and muscle spasms. Medications included Topiramate, Flector patch, Norco, Norflex, Omeprazole, Topomax and Transdermal cream. The patient also suffers from major depressive disorder and moderate anxiety, as per Psychologist report dated 05/13/15. The patient is temporarily totally disabled, as per progress report dated 06/04/15.For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) Chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, Norflex is first noted in progress report dated 02/12/15. It is not known when the medication was first initiated. As per progress report dated 06/04/15, medications help reduce pain from 10/10 to 7.5/10. In the same report, the treater states that Norco, Norflex, Topamax and Flector patch provide adequate analgesia, improved activities of daily living, no adverse effects, and no evidence of aberrant drug taking. Norco continues to be the main agent for pain control along with Norflex and transdermal pain [patch] which provide significant help in controlling pain associated with muscle aches and muscle spasms. While Norflex appears effective, it is a sedating muscle relaxant and only short-term use is recommended by MTUS. Guidelines state these muscle relaxants are abused for euphoria and to have mood elevating effects. Hence, the request for # 90 is not medically necessary.

Omepraxole 20mg #60 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: The 55 year old patient complains of lower back pain, rated at 7.5/10 with medications and 10/10 without medications, as per progress report dated 06/04/15. The request is for omeprazole 20mg #60 FOR 30 DAYS. There is no RFA for this case, and the patient's date of injury is 03/07/01. Diagnoses, as per progress report dated 06/04/15, included chronic pain syndrome, lower back pain, spinal enthesopathy, fasciitis, degeneration of intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and muscle spasms. Medications included Topiramate, Flector patch, Norco, Norflex, Omeprazole, Topomax and Transdermal cream. The patient also suffers from major depressive disorder and moderate anxiety, as per Psychologist report dated 05/13/15. The patient is temporarily totally disabled, as per progress report dated 06/04/15.MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."In this case, a prescription for Omeprazole is first noted in progress report dated 02/12/15, and the patient has been taking the medication consistently since then. In progress report dated 06/04/15, the treater states that "Due to history of gastric bypass, it is recommended that the patient be consistently on a gastroprotective agent." MTUS, however, only supports the use of Omeprazole for NSAID-induced gastritis, and a review of the available progress reports indicates that the patient is not taking NSAIDs. Consequently, the request for Omeprazole is not medically necessary.

Flector patch 1.3% for 30 days, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The 55 year old patient complains of lower back pain, rated at 7.5/10 with medications and 10/10 without medications, as per progress report dated 06/04/15. The request is for flector patch 1.3% for 30 days, with 2 refills. There is no RFA for this case, and the patient's date of injury is 03/07/01. Diagnoses, as per progress report dated 06/04/15, included chronic pain syndrome, lower back pain, spinal enthesopathy, fasciitis, degeneration of intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and muscle spasms. Medications included Topiramate, Flector patch, Norco, Norflex, Omeprazole, Topomax and Transdermal cream. The patient also suffers from major depressive disorder and moderate anxiety, as per Psychologist report dated 05/13/15. The patient is temporarily totally disabled, as per progress report dated06/04/15.Regarding topical NSAIDs, MTUS Topical Analgesics

section, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." In this case, a prescription for Flector patch is first noted in progress report dated 02/26/15, and the patient has been taking the medication at least since then. As per progress report dated 06/04/15, medications help reduce pain from 10/10 to 7.5/10. In the same report, the treater states that Norco, Norflex, Topamax and Flector patch provide adequate analgesia, improved activities of daily living, no adverse effects, and no evidence of aberrant drug taking. Norco continues to be the main agent for pain control along with Norflex and transdermal pain [patch] which provide significant help in controlling pain associated with muscle aches and muscle spasms. The report also states that along with Flector patch, Norco helps the patient manage her pain effectively and be functional. MTUS, however, supports the use of the patch only for Osteoarthritis and tendinitis, in particular, that of the knee and elbow. Given the lack of such diagnoses in this patient, the request is not medically necessary.