

Case Number:	CM15-0145102		
Date Assigned:	08/06/2015	Date of Injury:	04/24/2001
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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 61 year old male, who sustained an industrial injury on April 24, 2001. He reported neck and low back pain. The injured worker was diagnosed as having status post cervical discectomy and fusion, right sided carpal tunnel syndrome, history of fall from a catwalk, situational anxiety and depression, status post lumbar discectomy and fusion with ORIF, cervical radiculitis and radiculopathy and mild dyspepsia. Treatment to date has included diagnostic studies, surgical intervention of the neck and back, medications and work restrictions. Currently, the injured worker continues to report neck pain and low back pain with decreased range of motion. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued low back pain. Norco, Cyclobenzaprine and Protonix were continued. Evaluation on May 5, 2015, revealed continued pain as noted. He reported an acute flare up of the left lower extremity pain. Medications were continued. Evaluation on June 23, 2015, revealed continued pain as noted. Cyclobenzaprine 7.5mg, 1 tablet by mouth at bedtime, #30, Norco 5/325mg, 1 tablet by mouth 4 times a day, #120 and Protonix 20mg, 1-2 tablets by mouth every morning, #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 tablet by mouth 4 times a day, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg, 1 tablet by mouth 4 times a day, #120 is not medically necessary.

Cyclobenzaprine 7.5mg, 1 tablet by mouth at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. There is no evidence of an acute flare-up of muscle spasm in the injured worker. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg, 1 tablet by mouth at bedtime, #30 is not medically necessary.

Protonix 20mg, 1-2 tablets by mouth every morning, #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, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for Protonix 20mg, 1-2 tablets by mouth every morning, #60 is not medically necessary.