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| Case Number: | CM15-0147660 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 01/30/2014 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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 29 year-old male who sustained an industrial injury on 01-30-14. He reported low back pain. He is diagnosed with lumbar disc degeneration, chronic pain other, lumbar disc displacement, failed back surgery syndrome-lumbar, lumbar post laminectomy syndrome, and lumbar radiculopathy. Diagnostic testing and treatment to date has included MRI, pain management, L4-S1 epidural steroid injection, and symptomatic medication management. Currently, the injured worker complains of worsening constant low back pain that radiates down his bilateral lower extremities. He has tingling constantly in the bilateral lower extremities from the level of the hip down to the level of the toes. His pain is aching, stabbing and moderate to severe in severity. He has bilateral lower extremity pain and testicular pain. His pain is rated as an 8 out of 10 without medications, and 5 out of 10 with medications. In a progress note dated 06-22-15, the treating provider reports the injured worker's gait is antalgic and slow. He had tenderness to palpation in the spinal vertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. There is decreased sensitivity and strength in the right lower extremity; straight leg raise was positive. Current plan of care is to reduce pain and-or sequelae resulting from his injury. Requested treatments include cyclobenzaprine 7.5 mg #60 DOS 6/22/15, fenoprofen calcium 400 mg #90 DOS: 6/22/15, and Norco 5-325 mg #90 DOS: 6/22/15. The injured worker is under temporary total disability. Date of Utilization Review: 07-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 DOS 6/22/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60 DOS 6/22/15 is not medically necessary or appropriate.

Fenoprofen Calcium 400mg #90 DOS: 6/22/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Fenoprofen Calcium 400mg #90 DOS: 6/22/15 is not medically necessary or appropriate.

Norco 5-325mg #90 DOS: 6/22/15: Upheld

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

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

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5-325mg #90 DOS: 6/22/15 is not medically necessary or appropriate.