

Case Number:	CM15-0160539		
Date Assigned:	08/26/2015	Date of Injury:	06/26/2014
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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 51-year-old female, who sustained an industrial injury on June 26, 2014. She reported injuring her low back while she was lifting a customer who fell. The injured worker was diagnosed as having musculoligamentous sprain-strain of the lumbar spine and degenerative spondylolisthesis at L4-L5. Treatments and evaluations to date have included epidural steroid injections (ESIs), x-rays, physical therapy, MRI, and medication. Currently, the injured worker reports low back pain with radiating left leg pain and numbness. The Primary Treating Physician's report dated July 13, 2015, noted the injured worker reported her left leg pain decreased after an epidural steroid injection (ESI) with greater than 50% relief. The physical examination was noted to show positive straight leg raise on the left with decreased sensation on the left at L5. A MRI was noted to show moderate stenosis at L4-L5, and an x-ray noted to show grade 1 spondylolisthesis at L4-L5 and degenerative disc disease at L5 to S2. The injured worker was noted to remain off work. Requests for authorization was made for a LSO brace, Flexeril, Protonix, Zofran, Senokot, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril/Cyclobenzaprine 7.5mg #90, dispensed on 7/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. . . and a reduction in the dependency on continued medical treatment." The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, with limited, mixed-evidence not allowing for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been prescribed the Flexeril since at least January 2015, which far exceeds the recommended two to three weeks of therapy, without documentation of an acute exacerbation of symptoms. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical care with the use of the Flexeril. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Flexeril (Cyclobenzaprine) dispensed on July 13, 2015.

Protonix/Pantoprazole Sodium DR 20mg #60, with 1 refill, dispensed on 7/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. . . and a reduction in the dependency on continued medical treatment." Per the MTUS Chronic Pain Medical Treatment Guidelines, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years,

history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The guidelines are specific regarding the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history that could include many other GI issues. The Official Disability Guidelines (ODG) notes proton pump inhibitors are recommended for patients at risk for gastrointestinal (GI) events, and the decision to use PPIs long term must be weighed against the risks, with long term use potential adverse effects noted to include B12 deficiency, iron deficiency, hypomagnesemia, and increased susceptibility to pneumonia, enteric infections, and adverse cardiovascular effects. The guidelines note that long-term PPI use increases the risk of hip fracture. The injured worker has been prescribed the Protonix since at least January 2015. Although the injured worker was noted to be using a NSAID, there was no documentation provided that indicated the injured worker had gastrointestinal (GI) symptoms or risk factors as she was 51 years old, and did not have a history of a peptic ulcer or gastrointestinal (GI) bleed, nor was she on concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Protonix/Pantoprazole Sodium DR 20mg #60, with 1 refill, dispensed on July 13, 2015.

Zofran/Ondansetron HCL 8mg #6, with 1 refill, dispensed on 7/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetics (for opioid nausea).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. . . and a reduction in the dependency on continued medical treatment." The MTUS is silent on the use of Ondansetron. The Official Disability Guidelines (ODG) notes antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and also for postoperative use and acute use for gastroenteritis. Zofran was dispensed to the injured worker on July 13, 2015. The documentation provided did not identify the injured worker with complaints of nausea or vomiting. The injured worker was not noted to be undergoing radiation treatments or chemotherapy, nor had he undergone recent surgery. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Zofran/Ondansetron HCL 8mg #6, with 1 refill, dispensed on July 13, 2015.

Norco 5/325mg #90, prescribed on 7/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The documentation provided did not include documentation of a functional assessment, discussion of a pain management contract, or a baseline urine drug screen (UDS). Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.