

Case Number:	CM15-0189745		
Date Assigned:	10/01/2015	Date of Injury:	04/30/2014
Decision Date:	12/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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, Pain Management

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 53 year old female, who sustained an industrial injury on 4-30-14. Medical records indicate that the injured worker is undergoing treatment for low back pain, bilateral trochanteric bursitis, right hip pain, lumbar spondylosis, lumbar degenerative disc disease and chronic pain. The injured worker is currently not working. On (8-21-15) the injured worker complained of low back pain and leg pain. The injured worker notes that she is unable to work or take care of her home due to the pain. The pain is worse with sitting, standing and walking. The pain is better with medications, injections and lying down. The pain was noted to be 10 out of 10 without medications and injections. Examination of the lumbar spine revealed mild tenderness over the paraspinal muscles, increased pain with extension and a slightly positive straight leg raise test bilaterally. The injured worker was noted to have had gastrointestinal upset with non-steroidal anti-inflammatory drugs in the past. The note indicates that omeprazole is used to prevent G.I. upset from taking oral NSAIDs which she has had in the past. The note goes on to state that "the medications are helpful as well." She uses the medications as directed and denies any significant side effects. The note goes on to indicate that she is significantly functionally limited with activities of daily living due to her pain. The patient understands the risks and benefits of the medication. State database queries and urine toxicology were consistent. Subsequent progress reports (7-10-15 and 5-29-15) note that the injured workers pain level was consistently 10 out of 10 without medications and injections. Treatment and evaluation to date has included medications, psychotherapy, electromyography, lumbar facet injections (7-28-15), MRI, depression screening and a home exercise program. Current

medications include Tramadol, Ultracet, Naproxen, Omeprazole and Flexeril. The current medications have been prescribed since at least May of 2015. The request for authorization dated 8-25-15 includes requests for the retrospective medications (date of service 8-21-15): Anaprox 550 mg # 60, Flexeril 7.5 mg # 60, Prilosec 20 mg # 60 and Ultracet 37.5 mg # 90. The Utilization Review documentation dated 9-14-15 non-certified the requests for the retrospective medications (date of service 8-21-15): Anaprox 550 mg # 60, Ultracet 37.5 mg # 90 and Prilosec 20 mg # 60 and modified Flexeril 7.5 mg # 20 (original request # 60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg #60 (DOS 8-21-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Retrospective Flexeril 7.5mg #60 (DOS 8-21-15), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Retrospective Flexeril 7.5mg #60 (DOS 8-21-15) is not medically necessary.

Retrospective Anaprox 550mg #60 (DOS 8-21-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Retrospective Anaprox 550mg #60 (DOS 8-21-15), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no direct indication that this medication is providing any analgesic efficacy or objective functional improvement. However, such benefits are inferred. Additionally, the patient is noted to have severe pain and functional deficits. The use of an NSAID is a reasonable treatment option in a patient such as this. It is acknowledged,

that the requesting physician should better document analgesic efficacy or objective improvement as a result of this medication to support its ongoing use. However, a one-month prescription, as requested here, seems reasonable to allow the requesting physician to document those items. As such, the currently requested Retrospective Anaprox 550mg #60 (DOS 8-21-15) is medically necessary.

Retrospective Prilosec 20mg #60 (DOS 8-21-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Retrospective Prilosec 20mg #60 (DOS 8-21-15), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from anti-inflammatory medication. As such, the currently requested Retrospective Prilosec 20mg #60 (DOS 8-21-15) is medically necessary.

Retrospective Ultracet 37.5mg #90 (DOS 8-21-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Retrospective Ultracet 37.5mg #90 (DOS 8-21-15), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no direct indication that this medication is providing any analgesic efficacy or objective functional improvement. However, such benefits are inferred. Additionally, the patient is noted to have severe pain and functional deficits. No intolerable side effects or aberrant use is noted, and the

patient is noted to undergo monitoring. The use of an opiate pain medication is a reasonable treatment option. It is acknowledged, that the requesting physician should better document analgesic efficacy and objective improvement as a result of this medication to support its ongoing use. However, a one- month prescription, as requested here, seems reasonable to allow the requesting physician to document those items. As such, the currently requested Retrospective Ultracet 37.5mg #90 (DOS 8-21-15) is medically necessary.