

Case Number:	CM15-0192994		
Date Assigned:	10/07/2015	Date of Injury:	06/14/1994
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency 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:

This is a 62 year old male who sustained an industrial injury on 6-14-1994. A review of the medical records indicates that the injured worker is undergoing treatment for status post revision T8-L2 with posterolateral fusion (July 2012), status post T12 to L2 posterior fusion for adjacent segment disease (May 2011) status post decompression and fusion L4-S1, status post anterior fusion L3-4 with revision decompression and posterior spinal fusion L3-4 (April 2007), status post lumbar hardware removal L3-4 and posterior lumbar interbody fusion and decompression L2-3 with instrumentation (August 2009) and status post anterior cervical discectomy and fusion (ACDF) C5-6. Medical records (2-23-2015 to 9-16-2015) indicate ongoing back pain. He reported having 50% improvement in back pain from a hardware block, but reported that his symptoms returned shortly after. On 8-19-2015, the injured worker reported that flexion and extension movements resulted in back spasms; icing and the anti-spasm medications no longer helped. He reported difficulty with day to day activities. Per the treating physician (9-16-2015), the injured worker was permanent and stationary. The physical exam (9-16-2015) revealed a well-healed incision in the thoracic and lumbar spine region. There were palpable and painful pedicle head screws. The injured worker had atrophy of the muscles and his screws were prominent. Gait was antalgic. Treatment has included surgery, acupuncture and medications. The injured worker has been prescribed Norco, Prilosec, Ultram, Flexeril and Valium since at least 2- 23-2015. The treating physician indicates that the urine drug testing result (4-6-2015) was consistent with current medications. The original Utilization Review (UR) (9-29-2015) denied requests for Norco, Prilosec, Ultram, Flexeril and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (Rx 9/16/15) Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that Refills are limited, and will only occur at appointments. In this case, there is inadequate documentation of persistent functional improvement seen. Functional improvement means either 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 visit and a reduction in the dependency on continued medical treatment. The screening measures were also not documented. As such, the request is not certified. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome, not medically necessary.

Prilosec 20 MG #30 with 1 Refill (Rx 9/16/15) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: (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). Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Ultram 50 MG #60 with 1 Refill (Rx 9/16/15) Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.

Flexeril 10 MG #90 with 1 Refill (Rx 9/16/15) Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Valium 5 MG #30 with 1 Refill (Rx 9/16/15) Qty 60: Upheld

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): Benzodiazepines.

Decision rationale: The request is for the use of a medication in the category of benzodiazepines. It is usually indicated to treat anxiety disorders but has been used short-term as a muscle relaxant. The MTUS guidelines state the following: Not recommended for long-term

use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. All benzodiazepine medications should be titrated down slowly to prevent an acute withdrawal syndrome. As such, the request is not medically necessary.