

Case Number:	CM15-0213532		
Date Assigned:	11/03/2015	Date of Injury:	07/29/2011
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/29/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56-year-old male with an industrial injury date of 07-29-2011. Medical record review indicates he is being treated for thoracic compression fracture, lumbar radiculopathy, cervical pain, cervical and lumbar disc disorder, lumbar degenerative disc disease thoracic and low back pain and disorder of coccyx. Subjective complaints 09-30-2015 included neck pain rated as 4 out of 10 with medications and 9 out of 10 without medications and mid and low back pain rated as 5 out of 10 with and 9 out of 10 without medications. Other complaints included limited mobility and movement of neck with sharp pain on right side towards the base of the neck. He also noted numbness in bilateral upper and lower extremities. Quality of sleep is documented as poor. The treating physician indicated since last visit "quality of life has improved." "The patient is taking his medications as prescribed." "He states that medications are working." "No side effects reported." The treating physician noted the injured worker did not receive medication "this month" and pain had increased. The treating physician noted with medications the injured worker remained independent in self-care, could prepare his own meals and does his own laundry. Without medications the injured worker reported he would be much more sedentary and unable to go out and perform daily errands and chores. Current medications (09-30-2015) included Nexium, Flexeril, Gabapentin and Norco. Medical record review indicates the injured worker has been taking Flexeril, Nexium and Norco since 01-17-2014. Prior medications included Ultram (less effective than Norco). Prior treatment included bio feedback and group therapy (3 sessions). "Completed neck therapy." "Patient notes that it was helpful to increase his range of motion and decrease pain." Other treatment included home exercise

program and medications. Objective findings (09-30-2015) included restricted range of motion and tenderness of the paracervical muscles and trapezius. Lumbar spine range of motion was restricted with tenderness noted of paravertebral muscles. Tenderness was noted in the thoracic paravertebral muscle. The treating physician documented the pattern of medication use as prescribed, "appropriate pain contract" was signed and pain medications were prescribed by one physician. On 10-12-2015 the request for the following medications was non-certified by utilization review: Nexium DR 40 mg # 30; Flexeril 10 mg # 60; Norco 10-325 mg # 75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium DR 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no record of NSAID use from recent notes, nor was there any history suggestive of an elevated gastrointestinal event risk to warrant ongoing Nexium use on a regular basis. Therefore, without justification for this medication, and significant long-term side effect potential, this request for Nexium will be considered medically unnecessary. Weaning may be indicated.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic

pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of ongoing chronic use, but without justification. There was no evidence of a recent acute flare to warrant additional Flexeril. In addition, there was no specific report of how effective this medication was at improving function, independent of the other medications. Therefore, considering all of the above, this request for Flexeril will be considered medically unnecessary.

Norco 10/325mg #75: Upheld

Claims Administrator 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.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although some of the above review items were discussed periodically over the course of the worker using Norco regularly, there was not a specific enough report found on how Norco, independent of other medications and strategies, was able to improve function and decrease pain measurably. Without a focused report such as this, this request for additional Norco is not medically necessary.