

Case Number:	CM15-0034046		
Date Assigned:	02/27/2015	Date of Injury:	05/02/2003
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Internal 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:

The injured worker is a male who sustained an industrial injury on 05/02/2013. On progress report dated 01/12/2015 the injured worker has reported low back pain with radicular symptoms into the lower extremities. The diagnoses have included chronic neck pain, chronic low back pain and chronic myofascial pain. Treatment to date has included Norco, Naproxen, Ultracet, Tizanidine and Reglan. On examination he was noted to have tenderness to palpation muscles of lumbar spine and he was noted to have stiffness with range of motion. Treatment plan included medication refills and new medication Reglan. On 02/06/2015 Utilization Review non-certified Norco 10/325mg (#120) - 2 month supply (retrospective date of service 1/12/15), Naproxen 550mg (#120) - 2 month supply (retrospective date of service 1/12/15), Zanaflex 4mg (#60) - 2 month supply (retrospective date of service 1/12/15), and Reglan 10mg (#60) - 2 month supply (retrospective date of service 1/12/15). The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (#120) - 2 month supply (retrospective date of service 1/12/15): Overturned **Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's progress report dated 1/12/15 documented a history of cervical spine surgery and severe lumbosacral spine disorders. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Naproxen 550mg (#120) - 2 month supply (retrospective date of service 1/12/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. The primary treating physician's progress report dated 1/12/15 documented a history of cervical spine surgery and severe lumbosacral spine disorders. Analgesia and activities of daily living were addressed. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines support the use of Naproxen, which is a nonsteroidal anti-inflammatory drug (NSAID), for low back conditions. Therefore, the request for Naproxen is medically necessary.

Zanaflex 4mg (#60) - 2 month supply (retrospective date of service 1/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of Zanaflex. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Zanaflex is not supported by MTUS and ACOEM guidelines. Therefore, the request for Zanaflex is not medically necessary.

Reglan 10mg (#60) - 2 month supply (retrospective date of service 1/12/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/reglan.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA <http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm170934.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Reglan (Metoclopramide). FDA Boxed Warning for Metoclopramide indicates that chronic use of Metoclopramide has been linked to tardive dyskinesia, which may include involuntary and repetitive movements of the body, even after the drugs are no longer taken. The FDA warns against chronic use of Metoclopramide to treat gastrointestinal disorders. The U.S. Food and Drug Administration announced that manufacturers of metoclopramide, a drug used to treat gastrointestinal disorders, must add a boxed warning to their drug labels about the risk of its long-term or high-dose use. The chronic use of metoclopramide therapy should be avoided in all but rare cases where the benefit is believed to outweigh the risk. Published analyses suggest that metoclopramide is the most common cause of drug-induced movement disorders. The primary treating physician's progress report dated 1/12/15 documented the prescription of Reglan (Metoclopramide) for nausea. A two-month supply of Reglan was requested. FDA guidelines warn against the long-term use of Reglan. The request for a two-month supply of Reglan is not

supported by FDA guidelines. Therefore, the request for two-month supply of Reglan is not medically necessary.