

Case Number:	CM15-0040412		
Date Assigned:	03/10/2015	Date of Injury:	05/01/2000
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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 62-year-old male, who sustained an industrial injury on May 1, 2000. The injured worker was diagnosed as having arthritis of the knee, post laminectomy lumbar spine, carpal tunnel syndrome, and lumbar radiculopathy. Treatment to date has included lumbar fusion, imaging of the lumbar spine, medications, durable medical equipment, modified activities. Currently, the injured worker complains of continued back pain. He describes the pain as stabbing, sharp and constant. The pain is moderate to severe in intensity and radiates to the bilateral lower extremities. It is aggravated with standing, waling, bending, stooping, kneeling and squatting. Medications are helping well and being used regularly. The treatment plan includes continuation of medications including cyclobenzaprine, Zantac and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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 evidence of him using various muscle relaxants chronically, including Soma and Flexeril. However, there was insufficient evidence to suggest this case was an exception to the Guidelines, which suggest only short-term use. Considering the request for cyclobenzaprine was for 60 tablets, and continued chronic use, it will be regarded as medically unnecessary.

60 tablets of Zantac 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList <http://www.rxlist.com/zantac-drug.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H2-blocker 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. In the case of this worker, there was no evidence found in the documentation to show current use of any NSAID and no documented history that would place them at an increased risk for gastrointestinal events to warrant ongoing Prilosec and Zantac use together. Therefore, the Zantac will be considered medically unnecessary.

60 tablets of Percocet 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

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 there was some evidence that part of this review was completed at the time of this request, there was only a vague report of the collective medications, including Percocet, "helped". No specific report was found in the documentation detailing measurable functional gains and pain reduction directly and independently related to the regular Percocet use to help justify its chronic use. Therefore, without more clear and measurable evidence of benefit, the Percocet will be considered medically unnecessary.