

Case Number:	CM15-0069122		
Date Assigned:	04/16/2015	Date of Injury:	02/23/1998
Decision Date:	07/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 43-year-old female, who sustained an industrial injury on 2/23/98. She reported initial complaints of back. The injured worker was diagnosed as having lumbar disc displacement; thoracic region sprain; lumbar region sprain; post-surgical states NEC; prolong depressive reaction. Treatment to date has included IDET procedure L4-L5 and L5-S1 (11/12/03). Currently, the PR-2 notes dated 2/25/15 indicate the injured worker complains of burning pain in the low back 7/10 and stabbing pain in the left leg with pain level at 7/10. The injured worker is taking the prescribed medications: ibuprofen, Wellbutrin, Lisinopril and Ativan, which she states almost all are helping. She is not attending any form of therapy and is not working. The review of systems shows no changes since last report of 8/13/14. She has an antalgic gait and an inability to heel/toe walk without severe weakness and pain on end range. Examination notes 3+/5 motor power with pain on resisted forward flexion; straight leg raise test is positive at 50 degrees with painful sciatic stretch sign; decreased L5-S1 sensation. She has not been in this office since August 2014 and she indicates pain levels persist. She does not receive medicines since last seen; therefore this office will not refill her prescriptions. The treatment plan includes a request for an EMG/NCV of lower extremities; pain management consultation to treat accordingly and medications prescriptions at this time. The provider has requested Tylenol #4 with codeine #90 with 2 refills and this was modified at Utilization Review to #60 to initiate weaning or allow the provider time to document objective evidence of derived functional benefit. The providers also requested these medications but were denied at Utilization Review: Flexeril 10mg #60 with 2 refills, Naproxen 500mg #60 with 2 refills, Tramadol 50mg #90 with 2 refills and Ativan 1mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 with codeine #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term use.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was history of previous opioid use (Norco) followed by a period of no opioids or other pain medicines except for ibuprofen before the provider recommended a number of pain medications at once, including Tylenol #4 with codeine. There was insufficient evidence to show that Norco was measurably effective. Also, there was no documentation of a baseline functional status in order to compare once taking the Tylenol #4 regularly. Therefore, due to the inability to assess for benefit from no baseline being documented and starting at the same time as other pain medications, this request for Tylenol #4 will be considered medically unnecessary at this time.

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, long-term use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 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 a request for Flexeril #60 with 2 refills which implied an intention to treat chronically with this drug which is not recommended use of this class of medication and therefore this request will be considered medically unnecessary.

Naproxen 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was a record of the worker having been taking ibuprofen chronically leading up to this request and a prior use of naproxen with ibuprofen, followed by a period of time without naproxen use. The worker complained that she did "not like taking ibuprofen," but without a stated reason in the notes. There was no record provided which mentioned how effective the previous naproxen or ibuprofen was to help justify the reintroduction of naproxen. The addition of another NSAID in this setting seems inappropriate. Also, in general, for the diagnoses listed, there is no indication to be using any NSAID on a daily basis due to its significant side effects over time. Therefore, based on the above reasons, the request for naproxen will be considered medically unnecessary.

Tramadol 50mg #90 with 2 refills: 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 Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was history of previous opioid use (Norco) followed by a period of no opioids or other pain medicines except for ibuprofen before the provider recommended a number of pain medications at once, including tramadol. There was insufficient evidence to show that Norco was measurably effective. Also, there was no documentation of a baseline functional status in order to compare once taking the tramadol

regularly. Therefore, due to the inability to assess for benefit from no baseline being documented and starting at the same time as other pain medications, this request for tramadol will be considered medically unnecessary at this time.

Ativan 1mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, long-term use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of the worker taking Ativan chronically for the purpose of helping her to sleep better. However, there was no documentation, which clearly reported how effective this medication was at helping her sleep which might have helped justify its continuation. Regardless, it is generally not recommended to use Ativan on a chronic basis, and without any record provided to suggest this is the only effective strategy to help her sleep, it will be considered medically unnecessary to continue on a chronic basis as requested.