MAXIMUS Federal Services

Case Number:	CM15-0080844		
Date Assigned:	05/01/2015	Date of Injury:	10/27/1975
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 62-year-old male who sustained an industrial injury on 10/27/75. Injury occurred relative to his employment as a police officer. On 10/27/75, he reported that he was pushed forward while seated on the ground and felt like an explosion in his lumbar spine. Past medical history was also positive for 3 motor vehicle accidents. Past surgical history was positive for 7 left knee surgeries including total knee replacement, lumbar discectomy in 1993 and decompression in 2002, anterior cervical discectomy and fusion C5-7 in 1997, and spinal cord stimulator implantation following successful trial in 2012. Records indicated that Robaxin and omeprazole have been prescribed since at least 1/12/11 and urine drug testing has been consistent since at least 5/20/11. Records documented 8 urine drug screens from 1/24/14 to 12/4/14, and one urine drug screen to date in 2015 on 1/5/15. The 10/9/14 treating physician report indicated that the injured worker would be undergoing upper gastrointestinal assessment for on-going symptoms of gastritis for which he was taking omeprazole. Robaxin was prescribed for muscle spasms with functional benefit documented. The 2/14/15 spine surgery report cited a chief complaint of low back pain radiating down the lateral aspect of the right leg with numbness and weakness. He had a complex history with two prior back surgeries, and he was incapacitated by pain. The spinal cord stimulator was no longer effective. CT scan was reviewed and showed a complete collapse of the disc spaces from L2/3 to L5/S1 with degenerative changes at T12/L1 and L1/2. There were massive bone spurs of the facet from L2/3 through L5/S1, and almost complete bone on bone collapse at L4/5 and L5/S1. There was neuroforaminal narrowing due to severe spondylosis at almost every level, most severe at L4/5 and L5/S1. The diagnosis was

biomechanical back pain with progressive right radiculopathy. There were neurologic deficits reported in weakness, numbness and straight leg raise. The treatment plan recommended additional diagnostic studies and removal of spinal cord stimulator if he was contemplating surgery. The 3/3/15 treating physician (pain management) report cited left knee pain with weight bearing, persistent severe upper lumbar and lower thoracic pain and muscle spasms, worsening headaches, and increased right hip pain. The severity of the thoracolumbar muscle spasms caused pain to the point of nausea and vomiting. Thoracolumbar pain was not within the range of the spinal cord stimulator. Current medications provided functional benefit including substantial assistance with his activities of daily living, mobility, exercise program, and restorative sleep. Pain reduced from grade 5/10 to 3/10 consistently with medications. Physical exam documented painful lumbar range of motion, intact lower extremity strength, diminished bilateral Achilles and left patellar reflexes, and diminished right L5 and S1 dermatomal sensation. Straight leg raise was negative. The diagnosis included lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis/radiculitis, and cervical facet arthropathy. The treatment plan recommended removal of the spinal cord stimulator and leads, cervical facet radiofrequency neurotomy left C4/5 and C5/6, random urine drug testing, and refill of medications. Medications included Robaxin, gabapentin, Opana ER, hydrocodone/acetaminophen, and omeprazole. Medication management was documented with a statement that there was no evidence of impairment, abuse, diversion or hoarding. The injured worker was retired. The 4/16/15 utilization review non-certified the request for Robaxin 500 mg #60 as guidelines do not support long-term use. The request for omeprazole 40 mg #30 was non-certified based on a lack of current gastrointestinal complaints or non-steroidal anti-inflammatory drug (NSAID) use. The request for random routine drug screen was non-certified as there was no evidence of aberrant drug behaviors or inconsistencies with testing performed on 1/5/15 or 3/3/15 to support the medical necessity of repeat testing at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Methocarbamol (Robaxin, Relaxin, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most low back pain cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Although guidelines do not support the long term use of muscle relaxants, this patient reports current severe muscle spasms and a surgical treatment plan is being contemplated. Functional benefit has been noted with use of this medication as needed for muscle spasms since at least 1/12/11. The use of NSAIDs is not recommended based on his gastritis. Therefore, this request is medically necessary at this time.

Omeprazole 40mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD) - Pharmacologic treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: The California MTUS contains no mention of the use of proton-pump inhibitors, such as omeprazole, for any condition other than chronic pain when the patient is also being prescribed non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events and indicate these medications should be used at the lowest dose for the shortest possible amount of time. Guideline criteria have been met. This patient has a history of gastritis and has been using omeprazole since at least 1/12/11 for symptom management. Therefore, this request is medically necessary.

Random routine drug screen, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT); Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have not been met. Records indicate that urine drug testing has been done on a frequent basis, with no inconsistencies reported since at least 5/20/12. Records suggest a monthly to every other month frequency for testing. There is no documentation relative to issues of abuse, addiction, or poor pain control. There is no current indication for additional testing. Therefore, this request is not medically necessary.