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| Case Number: | CM14-0005329 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 08/31/2010 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for bilateral knee pain associated with an industrial injury date of August 31, 2010. Treatment to date has included an unknown number of chiropractic sessions; and medications including Norco 5/325 mg (since October 2013), Flexeril 10 mg twice daily (since October 2013), and Protonix 40 mg once daily (since October 2013). Medical records from 2013 were reviewed, which showed that the patient complained of bilateral knee pain, worse on the right, right foot pain, and inability to move the toes on her right foot. On physical examination, there was guarding of the lumbar spine and heel and tiptoe gait was performed with minimal difficulty on the right. There was also tenderness of the lumbar paraspinals. Right knee examination revealed prepatellar swelling and tenderness as well as tenderness of the right tibial tuberosity region. There also was minimal crepitus. Examination of the left knee showed an abrasion in the prepatellar and pretibial tuberosity region and tenderness was also noted. Right foot examination revealed guarding of the forefoot with normal alignment and no deformity. There were no sensory deficits noted. Utilization review from January 2, 2014 denied the request for Flexeril 10 mg #30 because the documentation did not support any functional improvement with this medication; Norco 5/325 mg #60 because it was not clear how the opiate provided any functional improvement; Protonix 20 mg #30 because the patient was not on NSAIDs and she did not have a diagnosis of ulcer or GERD; and additional chiropractic treatment, lumbar spine 2x6 because there was no documentation of functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24, 63-66

Decision rationale: According to pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, although guarding and tenderness was found on physical examination, there were no subjective complaints of low back pain. Furthermore, the employee was being prescribed Flexeril since October 2013 (8 months to date) but guidelines recommend muscle relaxants for short-term use only. Moreover, functional gains from medication use were not documented. There was also no discussion regarding the indication for the use of muscle relaxants over NSAIDs, when guidelines state that muscle relaxants provide no benefit over NSAIDs. There is no clear indication for continued use of a muscle relaxant; therefore, the request for Flexeril 10MG #30 is not medically necessary.

NORCO 5/525 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 78-81

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the employee was being prescribed with Norco since October 2013 (8 months to date); however, given the 2010 date of injury, the exact duration of opiate use to date is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The medical records also did not clearly reflect continued functional benefit or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opiate management; therefore, the request for Norco 5/525 #60 is not medically necessary.

PROTONIX 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN CHAPTER,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 68

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the employee was being prescribed Protonix since October 2013 (8 months to date); however, the medical records did not reflect presence of risk factors that placed the employee at intermediate risk for gastrointestinal events. Furthermore, there was no documentation of continued functional benefits from medication use. There is no clear indication for continued use of a proton pump inhibitor; therefore, the request for Protonix 20MG #30 is not medically necessary.

ADDITIONAL CHIROPRACTIC TREATMENT, LUMBAR SPINE 2X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK CHAPTER, 298-299

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 58

Decision rationale: According to page 58 of the California MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended as an option for low back pain and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is supported. However, elective or maintenance care is not medically necessary. In this case, the medical records reported that the employee underwent an unknown number of chiropractic treatment but there was no documentation of objective functional improvement. There is no clear indication for continued chiropractic care; therefore, the request for additional chiropractic treatment, lumbar spine 2x6 is not medically necessary.