MAXIMUS Federal Services

| Case Number: | CM14-0119615 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 03/09/2011 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

## 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. The expert reviewer is Board Certified in Family Medicine 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 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/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 a 45-year-old female who has submitted a claim for lumbar disc displacement associated with an industrial injury date of March 9, 2011.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and weakness with numbness and burning into her lower extremities. There was also reported loss of bladder control secondary to prolonged medication use, as well as difficulty sleeping, anxiety, depression, stomach pain, constipation and weight gain. Physical examination revealed decreased painful ROM, a positive Braggard's test, positive Milgram's and Valsalva test, and decreased sensation over the left leg. Treatment to date has included opioids, NSAIDS, and muscle relaxants.Utilization review from July 2, 2014 denied the request for Norco 10/325 mg #120, Prilosec 20 mg #60, Ducolax 5 mg #60, Fexmid 7.5 mg #120 and Motrin 800 mg #60. The request for Norco was denied because the patient had been using it for two years without a significant change in the reported symptoms or examination findings. The request for Prilosec was denied because the patient did not have risk factors for a gastrointestinal event. The request for Dulcolax was denied because the request for Norco had also been denied. The request for Fexmid was denied because prolonged use of this medication is not recommended by the guidelines. The request for Motrin was denied for the same reason.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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 (or non-adherent) drug-related 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. In this case, the patient had been taking Norco for pain for at least two year. The records do not indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Constipation was present for which the patient takes Dulcolax. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #120: is not medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & card.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient was already on this medication since February 2014 for gastritis. There are no recent progress notes exploring the patient's current condition with this regard. The records provided also do not document any evidence that the patient was at intermediate risk for gastrointestinal events. Moreover, Motrin was not medically necessary. There is no rationale for continued use of Prilosec. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

**Ducolax 5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907601/

**Decision rationale:** As stated on page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid therapy. In this case, patient was prescribed Dulcolax 5mg to lessen discomfort of constipation secondary to opioid use. However, the current request for Norco was not medically necessary. The necessity for this medication was obviated. Therefore, the request for Ducolax 5 mg #60 is not medically necessary.

**Fexmid 7.5 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the progress notes mentioned that the patient had been using cyclobenzaprine for more than 2-3 weeks (at least 7 months), which is the guideline recommended limit. There is no rationale provided to justify continued use beyond guideline recommendations. Therefore, the request for 90 Fexmid 7.5 mg #120 is not medically necessary.

**Motrin 800 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP.In this case, the patient was prescribed Motrin for at least six months. However, there was no documentation of functional improvement or pain relief with

Motrin intake. The long-term use of NSAIDs is not recommended by the guidelines, as there is no evidence of long-term effectiveness for pain or function. The medical necessity has not been established. There was no compelling rationale concerning the need or variance from the guideline. Therefore, the request for Motrin 800 mg #60 is not medically necessary.