

Case Number:	CM14-0128600		
Date Assigned:	09/22/2014	Date of Injury:	10/05/2011
Decision Date:	10/28/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old female who reported an injury on 10/05/2011 caused by an unspecified mechanism. The injured worker's treatment history included medications, topical creams, medial branch facet injections, and SI joint injections. The injured worker was evaluated on 07/14/2014 and it was documented the injured worker complained of low back pain with bilateral leg pain and neck pain. It was documented the injured worker has not been seen by the provider since 02/25/2014. She returned stating that the medication regimen lowers her pain to 4/10 and without medication it was 7/10 to 8/10 on the pain scale. The injured worker had undergone a radiofrequency rhizotomy on 09/11/2012 and it is reported she had decreased back pain up to 60% for about 7 to 8 months then gradually after. She had better quality of life and functioning and took less meds. She continues to work full time and reports she only takes half a dose of medication so that she is not drowsy and can function even with increased pain. The injured stated that at work she tries not to stand for prolonged periods which exacerbate her pain. Physical examination of the cervical spine revealed there was tightness and tenderness over the bilateral trapezii with full range of motion, decreased flexion, lateral bending was 50%. Negative Spurling's test. Bilateral grip strength was equal on the right side. Spine examination revealed tenderness and tightness across the right L4-5 lumbosacral area with 75% restriction on extension. Flexion was decreased by 30%. Post right straight leg raise. Negative Patrick's test. There was tenderness over the right SI joint as well. Groin pain. EHL was 1+ right and 2+ left. Decreased sensation along the left thigh in L3-4 dermatomes. DTRs are 2+ bilaterally. Muscle strength was decreased on the right and normal on the left. Medications included Vicodin, Ativan, Skelaxin, and Prilosec. The injured worker reported no side effects or aberrant behavior for medications, or nausea and heartburn, diagnoses included cervical degenerative disc disease in facets, bilateral cervical spine pain with bilateral radiculopathy in the C5 dermatome, lumbar

facet osteoarthritis, lumbar degenerative disc disease (stable), lumbar spine pain bilateral with right lower extremity radiculopathy in the L4-5 dermatomes and right sacroiliitis stable. The request for authorization dated 07/14/2014 was for hydrocodone/APAP, Skelaxin, Flector patches, Ativan, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #30 refills: 3: Upheld

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

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

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management or a home exercise regimen. Given the above, the request for Ativan 0.5mg #30 refills: 3 is not medically necessary.

Flector patches 1.3% #30 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesia Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patches Topical Analgesics, Topical NSAIDS Page(s): 111.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The request that was submitted failed to include

duration and location where Flector patches are supposed to be used for the injured worker. The provider failed to indicate the injured worker has tried antidepressants and anticonvulsants and has failed. As such, the request for Flector patches 1.3% #30 refills: 3 is not medically necessary.

Hydrocodone/APAP 5/300 #90 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as pain medication management or home exercise regimen for the injured worker. In addition, the request does not include the frequency or duration of medication. As such, the request for Hydrocodone/APAP 5/300 #90 refills: 3 is not medically necessary.

Prilosec 20mg #30 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events; however, it was not clear if it was from medications. The provider failed to indicate the frequency and duration of medication on the request that was submitted. Additionally, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. As such, the request for Prilosec 20mg #30 refills: 3 is not medically necessary.

Skelaxin 800mg #90 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant & Skelaxin Page(s): 63-64.

Decision rationale: The California (MTUS) Chronic Pain Medical Guideline recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guideline also state Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with Chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. The documents submitted failed to indicate duration of use of medication. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. As such, the request for Skelaxin 800mg #90 refills: 3 is not medically necessary.