

Case Number:	CM14-0129553		
Date Assigned:	09/22/2014	Date of Injury:	02/08/2012
Decision Date:	10/21/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Rehabilitation 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:

This case involves a 51-year-old female who has submitted a claim for lumbosacral spondylolisthesis with stenosis and lumbosacral strain associated with an industrial injury date of 2/8/2012. Medical records from 2014 were reviewed. The injured worker complained of moderate to severe low back pain radiating to bilateral lower extremities. The injured worker developed gastritis from multiple oral medication intakes. Physical examination of the lumbar spine showed tenderness and restricted motion and muscle spasms were noted. Straight leg raise test was positive bilaterally. Motor exam and sensory were intact. Quadriceps reflexes were graded 1 to 2+ and symmetrical. Achilles reflexes were graded zero to 1+ and symmetrical. The injured worker reported that Gabapentin use was not helpful; however, use of Cyclobenzaprine and opioids provided symptom relief. Treatment to date has included lumbar laminectomy, back orthosis, and medications such as ibuprofen, Hydrocodone (since April 2014), Omeprazole (since April 2014), Cyclobenzaprine (since April 2014), Diclofenac, and Gabapentin. Utilization review from 7/28/2014 denied the request for cyclobenzaprine comfort pack #30 with 2 refills DOS 06/10/2014 because there was no evidence of objective functional improvement or progressive return to work; denied Zanaflex comfort pack 4mg #30 DOS 06/10/2014 because of unclear reasons why two muscle relaxants were prescribed in this case; denied Norco #30 DOS 06/10/2014, Vicoprofen 200/7.5mg #60 with 2 refills DOS 06/10/2014, and Neurontin 600mg #60 DOS 06/10/2014 because of no objective functional improvement and pain contract on the medical records submitted; denied Fiorcet 325/50/40 #60 DOS 06/10/2014 because it was not recommended for chronic pain due to a high risk for medication overuse; and denied Prilosec 20mg #60 with 2 refills DOS 06/10/2014 because of no evidence of gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine comfort pac #30 with 2 refills DOS 06/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient has been on Cyclobenzaprine since April 2014. Patient reported relief of symptoms from medication use. However, patient is likewise prescribed Zanaflex and there has been no discussion why two muscle relaxants are needed in this case. Therefore, the request for Cyclobenzaprine comfort pack #30 with 2 refills DOS 06/10/2014 is not medically necessary.

Zanaflex comfort pac 4mg #30 DOS 06/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA 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. In this case, the exact initial prescription date of Zanaflex is unknown due to lack of documentation. There is no discussion concerning pain relief and functional improvement from its use. Moreover, patient is likewise prescribed Cyclobenzaprine and there has been no discussion why two muscle relaxants are needed in this case. Therefore, the request for Zanaflex comfort pack 4mg #30 DOS 06/10/2014 is not medically necessary.

Norco #30 DOS 06/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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, patient has been on Norco since April 2014. Patient reports symptom relief from medication use. However, the medical records do not clearly reflect continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco #30 DOS 06/10/2014 is not medically necessary.

Vicoprofen 200/7.5mg #60 with 2 refills DOS 06/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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 exact initial prescription date of Vicoprofen is unknown due to lack of documentation. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicoprofen 200/7.5mg #60 with 2 refills DOS 06/10/2014 is not medically necessary.

Neurontin 600mg #60 DOS 06/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Neurontin as early as April 2014. Patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. However, patient reports no symptom relief from Neurontin use. There is likewise no functional improvement based on the records submitted. Therefore, the request for Neurontin 600mg #60 DOS 06/10/2014 is not medically necessary.

Fiorcet 325/50/40 #60 DOS 06/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics Page(s): 23.

Decision rationale: Fioricet contains butalbital, acetaminophen, and caffeine. As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, the exact initial prescription date of Fioricet is unknown due to lack of documentation. There is no documentation available concerning functional improvements derived from this medication. Fioricet is not recommended for chronic pain. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Fioricet 325/50/40 #60 DOS 06/10/2014 is not medically necessary.

Prilosec 20mg #60 with 2 refills DOS 06/10/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prilosec since April 2014. Patient reports gastritis symptoms secondary to multiple oral medication intakes. The medical necessity for a proton pump inhibitor has been established. Therefore, the request for Prilosec 20mg #60 with 2 refills DOS 06/10/2014 is medically necessary.