

Case Number:	CM14-0132417		
Date Assigned:	08/22/2014	Date of Injury:	03/25/2013
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine and is licensed to practice in The request for back brace is not medically necessary. The injured worker did continue to complain of low back pain. The California MTUS ACOEM Guidelines do not recommend lumbar supports for acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request did not specify whether the requested back brace was custom made or the size of a prefabricated brace. Additionally, the request did not specify a frequency of use. Therefore, the request for back brace is not medically necessary.. 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 claimant was injured on 03/25/13. His mechanism of injury is unknown. Trazodone, Flexeril, MS Contin, Percocet, Motrin, Prilosec, and an MRI of the cervical spine are under review. The claimant has diagnoses of lumbosacral spondylosis and displacement of a disc with degeneration and spasm and neck sprain and strain. On 03/11/14, he was evaluated and had back pain, bilateral leg pain and neck pain radiating to his shoulders. He had a recent epidural and 2 days later had headache, body aches and nausea. He has chronic neck discomfort and had an epidural injection. He had an ESI of the lumbar spine on 03/04/14. He had no problems with previous ESI's. He reported no benefit from the injection. He still had constant pain with some nausea. He also had body aches. He had low back pain radiating to the left groin and anterior thigh and down the back of the right leg and side of the leg to the foot. It was unchanged. He was not taking any medications at all. He typically avoids medications for a couple of days every month because he does not like to take medications and wanted to make sure he does not get addicted. His pain went up about the medications. Typically he takes Percocet 3 times a day, MS Contin twice a day, Trazodone at bedtime, Ibuprofen 3 times a day, Flexeril 3 times a day, Neurontin 3 times a day, and Prilosec twice a day for dyspepsia related to the medicines. He had been treated in an emergency department for bloody stools related to constipation but had

no constipation since. His right leg was a little bit weak intermittently. Physical examination revealed normal affect and no cognitive abnormalities. Cervical rotation was decreased with increased discomfort. He had mild tenderness over the right cervical facet. He had marked tenderness and decreased range of motion of the low back, straight leg rising produces discomfort in the back and legs bilaterally and medially. He had some discomfort with range of motion of the neck. He had an MRI in May 2013 that revealed mild paracentral disc protrusions at L3-4 and right L4 nerve root impingement. There was right lateral recess stenosis. At L4-5 there was a slight paracentral disc protrusion that deflected the right L5 nerve root. At L5-S1 there was mild bulging of the annulus and facet arthrosis at L3-4 through L5-S1. Laboratory studies were ordered. On 03/30/14 he reported he had a lumbar ESI in September 2013 with great benefit. His pain level was 5-7/10 and he still had low back pain and some significant right lower extremity pain. He was interested in a third epidural. His medications included Percocet, Neurontin, Flexeril, Ibuprofen, MS Contin, Trazodone, and Prilosec. There were no GI complaints. His pain had a significant impact on his activities of daily living. Physical examination revealed tightness and tenderness of the posterior cervical region with decreased range of motion. He also had tenderness and tightness and decreased range of motion of the low back with a positive right straight leg raise test. He had hypoesthesia of the right leg and hypoactive right patellar and ankle reflexes. There was some right knee flexion weakness. An ESI was recommended. On 05/05/14, he was seen again and his pain was 4-5/10 with meds and 7-8/10 without. The medications helped him keep his pain manageable. There was no impairment from a medication standpoint. His physical findings were unchanged. He was advised to continue heat/ice/rest and gentle stretching and exercise. His findings were similar on 05/14/14. Medial branch facet blocks were recommended at L4-5 and L5-S1. On 06/16/14, he was authorized for an injection. He tried to use his sit down lawnmower and work. His findings were unchanged. On 07/12/14, he had a constant numb painful feeling in the right calf that was worse. He has dropped his keys outside and bent down to pick them up and he had sharp radiating pain down his legs that made him fall into a blackberry bush and he went to the ER on 06/21/14. He complained of a back injury and finger problem. A thorn was removed and he was treated. He is diagnosed also with rectal bleeding and hemorrhoids. His findings were unchanged. A cervical spine MRI was ordered. Physical examination revealed some tightness and tenderness and decreased range of motion of the cervical spine. There were no neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #60 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Trazodone for insomnia

Decision rationale: The history and documentation do not objectively support the request for Trazodone 50 mg #60 with 3 refills. The MTUS do not address its use and the ODG formulary states that Trazodone is "recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." There is no clear evidence of depression or anxiety for which this medication appears to have been provided

to him. The indication for its use is not stated in the records (depression vs. insomnia with depression). In addition, his sleep problems have not been clearly evaluated along with trials of basic sleep hygiene, prior to considering the use of pharmaceutical sleep aids. The medical necessity of the use of Trazodone 50 mg #60 has not been clearly demonstrated.

Flexeril 10mg # 90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers, Cyclobenzaprine, Medications for Chronic Pain Page(s): 74, 94.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine 10 mg #90 with 3 refills. The MTUS state cyclobenzaprine (Flexeril) is "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days ... A record of pain and function with the medication should be recorded. (Mens 2005) Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. It is not clear whether he is involved in an ongoing exercise program in an effort to maintain and enhance any benefit he gets from treatment measures even though stretching and exercises have been recommended. As such, this request for Cyclobenzaprine 10 mg #90 is not medically necessary.

MS Contin 15mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 100, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, MS Contin 15 mg #90 with 3 refills. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as Acetaminophen, nonsteroidal anti-inflammatory drugs, antidepressants, and anti-neuropathic medications in addition to ice/heat and exercise. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is no indication that periodic monitoring of the claimant's pattern of use and specific response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of MS Contin is unclear and sometimes he stops taking it on his own. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his office visits. There is no indication that periodic drug screens have been done and reviewed for consistency. As such, the medical necessity of this request for MS Contin 15mg #90 with 3 refills has not been clearly demonstrated.

Percocet 10/325mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Percocet 10/325 mg #90 with 3 refills. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as Acetaminophen, nonsteroidal anti-inflammatory drugs, antidepressants, and anti-neuropathic medications in addition to ice/heat and exercise. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is no indication that periodic monitoring of the claimant's pattern of use and specific response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear and sometimes he stops taking it on his own. There is no evidence that a signed pain

agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his office visits. There is no indication that periodic drug screens have been done and reviewed for consistency. As such, the medical necessity of this request for Percocet 10/325 mg #90 with 3 refills has not been clearly demonstrated.

Motrin 800mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Ibuprofen, Medications for Chronic Pain Page(s): 102, 94.

Decision rationale: The history and documentation do not objectively support the request for Ibuprofen 800 mg #90 with 3 refills. The MTUS state "NSAIDs (non-steroidal anti-inflammatory drugs) - Specific recommendations: Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute LBP. (Van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008)." MTUS further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication.... Analgesic medication should show effects within 1 to 3 days,..." The response to the medication should be evaluated and recorded. In this case, there is no evidence of a significant chronic inflammatory disorder for which continued use of this anti-inflammatory medication can be recommended. There is also no description of trials of first line drugs such as Acetaminophen or whether ice/heat and exercise help or not. The medical necessity of the request for Motrin 800 mg has not been demonstrated.

Prilosec 20mg #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - GI symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20 mg #30 with 3 refills. The MTUS state PPIs are recommended for "patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of continued gastrointestinal conditions or increased risk to the gastrointestinal tract to support the use of this medication. The claimant's pattern of use of this medication and the benefit to him of its use are not entirely clear other than his subjective reports of benefit and relief of symptoms from the use of medications, which have not been described. The medical necessity of the use of Prilosec 20 mg #30 has not been clearly demonstrated.

MRI Cervical Spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the cervical spine without contrast. The MTUS state "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications targeting the cervical spine. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of the request for a cervical spine MRI without contrast has not been demonstrated.