MAXIMUS Federal Services

Case Number:	CM14-0134735		
Date Assigned:	08/27/2014	Date of Injury:	05/12/2008
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Texas. 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 55 year old female who was injured on 05/12/2008. The mechanism of injury is unknown. Prior medication history included Neurontin, Norco, Anaprox, Fexmid and Prozac. The patient underwent spinal cord implantation on 02/03/2014. Prior treatment history has included home exercise program. Her medications as of 09/24/2013 included Norco 10/325 mg, Anaprox 550 mg, Neurontin 600 mg, Zanaflex 4 mg, Prozac 20 mg, Synovacin 500 mg, Colace 100 mg, Topical analgesic cream twice a day, Wellbutrin 100 mg, and Percocet 10/325 (VAS of 7/10).Diagnostic studies reviewed include EMG/NCV dated 01/24/2014 of bilateral lower extremities and lumbar spine demonstrated chronic L4/L5 radiculopathy on the left.Toxicology report dated 03/18/2014 tested positive for hydrocodone. The prescribed medications listed are Norco, Vicodin, Lortab and Lorcet.Progress report dated 05/01/2014 documented the patient to have complaints of low back pain that is sharp, constant and stabbing with activity. She has left leg weakness and giving out. There is numbness and tingling in bilateral lower extremities, left greater than right. She also reported sleep deprivation due to pain and stress. On exam, there is spinous tenderness bilaterally as well as paravertebral muscle tenderness. Straight leg raise is positive on the right at 60 and left at 45. Orthopedic testing revealed positive Kemp's test and positive Yeomen's test. Diagnosis is postop lumbar spine fusion. Prior utilization review dated 08/07/2014 states the request for Norco 10/325mg #120 is modified to Norco 10/325 mg #60 for weaning of medication; Anaprox DS 550mg BID PRN #60 is denied as medical necessity has not been established; Prilosec 20mg; BID PRN # 60 is denied as there is no evidence to support the request; and Prozac 20mg; 1-2 tabs a day is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Critera For Use Of Opioids; Therapeutic Trial of Opi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The guidelines states opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The medical records do not reflect there has been any significant improvement in pain level or functional capacity. One criteria for ongoing chronic opioid use includes: Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In the absence of any notable improvement with chronic opioid use, continued Norco is not medically indicated. Therefore the request is not medically necessary.

Anaprox DS 550mg; BID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: According to the CA MTUS, Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. There is absence of documented improvement in pain and function. Chronic use of NSAIDs is not supported by the guidelines and is not recommended per the guidelines. Therefore the request is not medically necessary.

Prilosec 20mg; BID PRN # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the CA MTUS, Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. There is absence of documented improvement in pain and function. Chronic use of NSAIDs is not supported by the guidelines and is not recommended per the guidelines. The request is not medically necessary..

Prozac 20mg; 1-2 tabs a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Fluoxetine (ProzacÂ®)

Decision rationale: According to the CA MTUS guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. The Official Disability Guidelines state Prozac may be recommended as a first-line treatment option for major depressive disorder. There does not appear to be an active diagnosis of MDD. Furthermore, the medical records do not document a positive response to Prozac. The medical necessity of Prozac has not been established and is therefore not medically necessary.