

Case Number:	CM14-0140755		
Date Assigned:	09/10/2014	Date of Injury:	06/17/2008
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 51-year-old female who reported an injury after she bent over to grab a small door and developed abrupt pain in her back on 06/17/2008. The clinical note dated 08/13/2014 gave a diagnosis of chronic low back pain possibly facet mediated, history of depression now being treated, and tachycardia with associated hypertension. The injured worker reported her pain was not as severe as in the past and that she had her good days and bad days. On physical examination of the lumbar spine, the injured worker had decreased range of motion. The injured worker's treatment plan included continue with current medications and followup in 4 weeks. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Flexeril, Norco, Relafen, Lidoderm, Brintellix, and hydroxyzine. The provider submitted a request for Flexeril, Norco, Lidoderm patch and Omeprazole. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 QD: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is lack of documentation of efficacy and functional improvement with the use of Flexeril. In addition, there is lack of a quantified pain assessment done by the injured worker. Furthermore, it was not indicated how long the injured worker had been utilizing Flexeril. Additionally, the request says Flexeril 10 QD; clarification is needed. Moreover, the request does not indicate a quantity. Therefore, the request for Flexeril 10 QD is not medically necessary.

Norco 10/325 - 1 to 2 tabs QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing the Norco. Moreover, there is lack of a quantified pain assessment done by the injured worker. Additionally, it was not indicated if the injured worker had a signed pain contract. Therefore, the request for Norco 10/325 - 1 to 2 tabs QD #60 is not medically necessary.

Lidoderm patches one daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 177-178.

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). It was not indicated the injured worker had tried a first line treatment such as gabapentin or

Lyrica. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request does not indicate a quantity or dosage. Therefore, the request for Lidoderm Patches one daily is not medically necessary.

Omeprazole 20 mg daily: Upheld

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

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

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or peptic ulcers. In addition, there is lack of documentation of efficacy and functional improvement with the use of omeprazole. Furthermore, the request does not indicate a quantity. Therefore, the request is not medically necessary.