

Case Number:	CM14-0141483		
Date Assigned:	09/10/2014	Date of Injury:	04/05/2014
Decision Date:	11/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/01/2014

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 California and Hawaii. 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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. This case is a 39 year old female with a date of injury on 4/5/2014. A review of the medical records indicate that the patient has been undergoing treatment for low back sprain. Subjective complaints include (6/5/2014) include migraines, "significant functional disturbance", (7/29/2014) include low back, bilateral buttock, and bilateral lower extremity pain with 8/10 pain, "depression", "anxiety". Objective findings (6/5/2014) include tenderness to lumbar paraspinal muscles, decreased lumbar range of motion, (7/29/2014) include antalgic gait. Treatment has included chiropractic, norco, ibuprofen, cyclobenzaprine (since at least 4/2014), Omeprazole, Senna, Chlorpromazine, acupuncture. A utilization review dated 8/5/2014 determined the following:- Non-certified Chlorpromazine 10mg, qty 90 with 5 refills- Partially certified for Cyclobenzaprine 10mg, qty 60 w/ 0 refills, original request was for 5 refills- Partially certified for Senna Laxative 8.8mg, qty 60 w/ 0 refills, original request was for 1 refill- Partially certified for Omeprazole 20mg, qty 60 w/ 2 refills, original request was for 5 refills- Partially certified for Ibuprofen 800mg, qty 60 w/ 2 refills, original request was for 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlorpromazine 10mg, qty 90 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, PTSD pharmacotherapy Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Chlorpromazine

Decision rationale: Chlorpromazine is a first generation antipsychotic medication. California MTUS is silent specifically regarding Chlorpromazine, so other guidelines were utilized. Official Disability Guidelines (ODG) refers to Chlorpromazine in the context of PTSD treatment by stating, "Recommend against typical antipsychotics (chlorpromazine, haloperidol and thioridazine) in the management of PTSD." Per up-to-date, Chlorpromazine is used for the treatment of Schizophrenia/psychoses, intractable hiccups, and for Nausea/Vomiting. Additionally, "Due to its side effects, chlorpromazine has largely been supplanted by other antipsychotics in adult psychiatry and by newer antiemetics, which have better efficacy and fewer side effects." Side effects include, "higher risk of weight gain and metabolic disturbances." The medical records do not indicate any PTSD or other mental health diagnosis appropriate with the usage of chlorpromazine. Additionally, no complaints of intractable hiccups or nausea/vomiting was noted in the medical records. As such, the request for Chlorpromazine 10mg, qty 90 with 5 refills is not medically necessary.

Cyclobenzaprine 10mg, qty 60 with 5 refills: 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 Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, California (MTUS) outlines that "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 should 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

medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. Official Disability Guidelines (ODG) states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. Additionally, the current request is for Cyclobenzaprine 10mg, qty 60 with 5 refills. This will allow for 6 months of medication without an interim evaluation, which is excess and not appropriate. As such, the request for Cyclobenzaprine 10mg, qty 60 with 5 refills is not medically necessary.

Senna Laxative 8.8mg, qty 60 with 1 refill: 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 Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, docusate and senna

Decision rationale: Docusate and sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with Norco, which is an opioid. The length of time this patient has been on Norco is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. Official Disability Guidelines (ODG) states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives". The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. As such, the request for Senna Laxative 8.8mg, qty 60 with 1 refill is not medically indicated at this time.

Omeprazole 20mg, qty 60 with 5 refills: 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 based on Non-MTUS Citation ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: California MTUS and Official Disability Guidelines (ODG) states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "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 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. While the patient is on ibuprofen, the treating physician clearly writes on 5/2014 that any GI discomfort should result in discontinuation of ibuprofen. Per the treating physicians' medical instructions, the discontinuation of ibuprofen is the appropriate first step if GI symptoms are present. Additionally, the written request would allow for 6 months of medication without any interim evaluation. This is excess in length and not medically appropriate. As such, the request for Omeprazole 20mg, qty 60 with 5 refills is not medically necessary.

Ibuprofen 800mg, qty 60 with 5 refills: 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 Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: California MTUS recommends the use of NSAIDs for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. California MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. Additionally, the written request would allow for 6 months of medication without any interim evaluation. This is excess in length and not medically appropriate. As such the request for Ibuprofen 800mg, qty 60 with 5 refills is not medically necessary.