

Case Number:	CM14-0144870		
Date Assigned:	09/12/2014	Date of Injury:	09/28/2011
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Medicine and is licensed to practice in Ohio. 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 45-year-old male whose date of injury was 9-28-2011. He evidently has ongoing low back pain radiating to the left lower extremity associated with lower extreme weakness. His physical exam has revealed diminish lumbar range of motion, tenderness to palpation over the paraspinal musculature and facet joints in the lumbar region, and antalgic gait, and normal sensation. Review the records reveals that the injured worker's average pain is 5/10 but can be as high as 10/10. There is also a notation from a recent office encounter that shows the injured worker to be confused. The record also reflects that the cyclobenzaprine or Flexeril has been used to help with sleep in addition to muscular spasms. The record suggests that the Norco is used to assist with the ability to do his home exercise program. His diagnoses include lumbar degenerative disc disease, lumbar spondylosis, lumbar facet syndrome, fibromyalgia, any medial collateral ligament tear of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

Decision rationale: The above stated guidelines are fairly clear in that antispasmodics such as Flexeril should be used for short courses of therapy only, but those guidelines seem to refer to the short course of therapy directive with regard to muscular spasm. With regard to fibromyalgia, Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Because fibromyalgia is known to be a chronic disease, it would stand to reason that Flexeril also known as cyclobenzaprine may have long-term usefulness. As the injured worker has been diagnosed with fibromyalgia, Cyclobenzaprine 10mg with 2 refills is medically necessary.

Lidoderm 5% #30 patches with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Topical lidocaine is indicated for localized peripheral pain but only after a trial with a tricyclic antidepressant, a selective norepinephrine reuptake inhibitor such as Cymbalta, or an anti-epilepsy drug such as Neurontin or Lyrica has been tried. In this instance, the documentation does not support that these medicines have been tried. Therefore, Lidoderm 5% #30 patches with 2 refills is not medically necessary.

Omeprazole 40mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The above cited guidelines state that for patients prescribed nonsteroidal anti-inflammatory drugs the clinician must determine their risk for gastrointestinal events and those perspectives include: (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). If the individual has one or more of these risk factors and proton pump inhibitor such as omeprazole may be added according to the above guidelines. In this instance, the injured worker does not appear to have these risk factors and therefore Omeprazole 40mg #30 with 2 refills is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The above guidelines stipulate for ongoing usage of opioids there is a requirement that there be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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 instance, there is a clinic note the treating physician which describes the injured worker is chronically ill and confused appearing which may herald aberrant drug taking behaviors or perhaps an untoward side effect of the opioids. The guidelines go on to state that opioids should be discontinued if there is continuing pain with the evidence of intolerable adverse effects. Because the injured worker's confusion was not otherwise explained the guidelines would seem to suggest discontinuation or tapering of the opioids. Therefore, for Norco 10/325mg #60 is not medically necessary. The treating physician should consult appropriate weaning guidelines.