

<b>Case Number:</b>	CM14-0159674		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	02/24/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 57-year-old female who has reported low back, knee, and hip pain after an injury on 02/24/98. The original injury was not described in the records. Treatments mentioned in the records include physical therapy and medications. The primary treating physician reports during 2014 reflect ongoing low back and knee pain. The reports do not contain an examination of the painful areas. Duexis is used for flare-ups. Ibuprofen is stated to work better than Duexis. Flexeril was started in June for back pain, along with Trepadone. Flexeril was subsequently reported to help back pain, with no further details provided. The urine drug screen of 8/27/14 was reportedly positive for hydrocodone and morphine. These results were not discussed. Theramine was started in August, with no discussion of the indications. The treatment plans include the items now referred for Independent Medical Review, with no specific indications or results for each medication beyond what is mentioned above. Work status and functional status are not addressed. On 9/18/14 Utilization Review non-certified ibuprofen, Norco, Colace, Gabadone, Trepadone, Theramine, and Flexeril. The MTUS and the Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90:** 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 Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise, for ibuprofen. None of the kinds of functional improvement discussed in the MTUS are evident. Many medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long-term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**Norco 7.5/325mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81,94,80,81,60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The one test that was listed was positive for morphine, which was not a prescribed medication. This was not addressed. The prescribing physician fails to

address work status, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Colace 100mg, #90:** Overturned

**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 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated  
Page(s): 77.

**Decision rationale:** Per the MTUS, laxatives are indicated when opioids are prescribed. The medication list includes Butrans, which was not addressed by Utilization Review or Independent Medical Review, and thus is presumed to be ongoing. Colace is indicated for opioid-induced constipation. The Utilization Review is overturned, as the Utilization Review did not discuss the use of laxatives in the context of opioid intake.

**Gadadone #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Medical food. Other Medical Treatment Guideline or Medical Evidence: FDA Definition of medical foods: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)).

**Decision rationale:** Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies. The MTUS does not address "medical food". The Official Disability Guidelines have several recommendations and indications (such as liver deficiency, achlorhydria), per the citation above. This injured worker does not meet any of the indications in the Official Disability Guidelines, and the treating physician has neither defined the ingredients nor identified any specific indications for the ingredients in this medical food. This medical food is not medically necessary based on the lack of any indications in this injured worker and the recommendations of the guidelines and the FDA.

**Theramine #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical foods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** Per the MTUS, laxatives are indicated when opioids are prescribed. The medication list includes Butrans, which was not addressed by Utilization Review or Independent Medical Review, and thus is presumed to be ongoing. Colace is indicated for opioid-induced constipation. The Utilization Review is overturned, as the Utilization Review did not discuss the use of laxatives in the context of opioid intake.

**Flexeril 10mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented, as there is no physical examination of the back. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.