

Case Number:	CM15-0012139		
Date Assigned:	01/29/2015	Date of Injury:	05/18/2010
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on 5/15/2010. He has reported back pain and acid reflex with medications. Prior surgical intervention included L5-S1 laminotomy and microdiscectomy 1/25/11 and transforaminal epidural injection L4-S1 12/28/11. The diagnoses have included lumbar sprain/strain, muscle spasms, lumbar disc disease, radiculopathy, status post lumbar surgery and thoracic muscle spasm. Treatment to date has included medication management, physical therapy, chiropractic treatment, and home exercises, and a medical marijuana card prescribed by a physician for use of medical marijuana. Currently, the IW complains of persistent back pain rated 6/10 VAS with medication associated with stiffness, tightness, numbness and tingling to left leg and clicking of left hip. Physical examination from 11/11/14 documented tenderness and muscle spasm to left Piriformis and facet L1-L5. Piriformis stress test, Kemp's and straight leg tests were all positive. The plan of care included daily home exercise; continue medications as prescribed and urinary drug screen. On 12/26/2014 Utilization Review non-certified Flexeril 7.5mg one (1) tablet twice a day #60, Norco 10/325mg one (1) tablet every four to six (4-6) hours #120, and Protonix 20mg one (1) tablet every day #30, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 1/21/2015, the injured worker submitted an application for IMR for review of Flexeril 7.5mg one (1) tablet twice a day #60, Norco 10/325mg one (1) tablet every four to six (4-6) hours #120, and Protonix 20mg one (1) tablet every day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, 1 tab twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The patient presents with persistent back pain rated 6/10 VAS with medication associated with stiffness, tightness, numbness and tingling to left leg and clicking of left hip. The current request is for Flexeril 7.5mg, 1 tab a twice a day, #60. Flexeril (cyclobenzaprine) is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. The treating physician requests on 11/11/14 (C17) Flexeril 7.5 mg #60 as "his medication controls his pain." MTUS guidelines regarding Cyclobenzaprine (Flexeril) state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." In this case, it is unclear how long the patient has been medicating with Cyclobenzaprine but it appears usage dates back till at least 2/11/14 (C40) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of Flexeril. Recommendation is for denial.

Protonix 20mg, 1 tab every day, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): (s) 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with persistent back pain rated 6/10 VAS with medication associated with stiffness, tightness, numbness and tingling to left leg and clicking of left hip. The current request is for Protonix 20 mg, 1 tab every day, #30. Protonix (pantoprazole) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. The treating physician requests on 11/11/14 (C17) Protonix 20mg as the patient "has been taking his medication regularly and tolerates them well." MTUS under NSAIDs, GI symptoms & cardiovascular risk states "Recommendation with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)."

MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is not on any oral NSAIDs and there is no documentation of any GI complaints and/or clinical diagnosis as to why the medication was prescribed. Therefore, the request is not medically necessary and recommendation is for denial.

Norco 10/325mg 1 tab every 4-6 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): (s) 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88-89.

Decision rationale: The patient presents with persistent back pain rated 6/10 VAS with medication associated with stiffness, tightness, numbness and tingling to left leg and clicking of left hip. The current request is for Norco 10/325mg 1 tab every 4-6 hours, #120. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. The treating physician requests on 11/11/14 (C17) Norco 10/325mg #120 as "his medication controls his pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, or functional improvements and there is no documentation of side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request has not established medical necessity in the records provided and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.