

Case Number:	CM15-0014851		
Date Assigned:	02/03/2015	Date of Injury:	04/22/2002
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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 male, who sustained an industrial injury on 04/22/2002. On physician's progress report dated 12/03/2014 the injured worker has reported lower back pain and numbness, and pain in the left foot. On examination he was noted to have a decreased range of motion of the lumbar spine, and numbness was noted at S1. The diagnoses have included L3-L4 herniated nucleus pulposus with degenerative disc disease, lumbar instability, and multilevel spondylosis. Treatment to date has included medication. Treatment plan included refills of previously prescribed medications. On 01/15/2015 Utilization Review non-certified Norco 10/325mg #45, Prilosec 20mg #30, and Flexeril 10mg #30 as noted not medical necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-88.

Decision rationale: The patient presents with lower back pain and numbness, and pain in the left foot. The current request is for Norco 10/325mg #90. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. The UR modified and certified Norco #45 for weaning. The treating physician states on 12/3/14 (47B) "He is using Norco 2-3 per day for pain relief when it gets severe." The physician later requests "Norco 10/325mg #90- for weaning." 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, the treating physician notes the patient rates his pain 5/10 with medication and 8/10 without. However, the pain assessment or outcome measures fail to note average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The clinical history notes the patient can perform a HEP and perform his ADLs with the assistance of the medication. However, the clinical history does not include any discussion regarding documentation of side effects or aberrant behaviors. MTUS guidelines require much more thorough documentation for ongoing opioid usage. Without the documentation the current request cannot be found medically necessary. Thus, the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68-69.

Decision rationale: The patient presents with lower back pain and numbness, and pain in the left foot. The current request is for Prilosec 20mg #30. Prilosec is a proton pump inhibiting medication used to reduce the amount of acid produced by the stomach. The treating physician states on 12/3/14 (47B) "he continues to have severe GERD (Gastroesophageal Reflux Disease) from the medications and uses the PPI for this." MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treating physician has documented that the patient is at risk or currently experiencing G/I side effects from his medications. Therefore, recommendation is for authorization.

Flexeril 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with lower back pain and numbness, and pain in the left foot. The current request is for Flexeril 10mg #30. Flexeril (cyclobenzaprine) is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. The treating physician on 12/3/14 (47B) states "he uses Flexeril only as needed for spasms, not daily." 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 10/8/14 (70B) where the patient was prescribed Fexmid (cyclobenzaprine). Therefore, it appears the patient has been prescribed Cyclobenzaprine on an on-going basis but taken acutely and not chronically. MTUS does not support on-going, long-term use of Flexeril (Cyclobenzaprine). Medical necessity has been established per guidelines and recommendation is for authorization.