

Case Number:	CM15-0116605		
Date Assigned:	06/25/2015	Date of Injury:	08/10/2004
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 sustained an industrial injury on 08/10/2004. She has reported subsequent low back pain radiating to the bilateral lower extremities and neck pain radiating to the bilateral upper extremities and was diagnosed with cervical and lumbar discopathy with disc displacement and cervical and lumbar radiculopathy. MRI of the spine dated 01/04/2013 showed mild age related degenerative changes with some cervical spine straightening and mild to moderate bilateral uncovertebral joint arthrosis causing at least moderate bilateral foraminal narrowing at C7-T1. Treatment to date has included oral and topical pain medication, physical therapy and TENS unit. Documentation shows that the injured worker was prescribed Norco, Prilosec and Ultram since at least 06/10/2014, Cyclobenzaprine since at least 08/2014 and Fenoprofen since at least 12/06/2014. Results for urine drug screens performed on 04/15/2014, 05/06/2014 and 02/21/2015 showed evidence of inconsistent medication use including, in the most recent drug screen, the absence of Cyclobenzaprine and Tramadol despite the fact that these were prescribed. In a progress note dated 05/27/2015, the injured worker complained of low back pain radiating to the legs and neck pain radiating to the arms associated with numbness and tingling. Objective findings were notable for tenderness to palpation of the cervical and lumbar spine over the paraspinal musculature, decreased range of motion of the lumbar and cervical spine due to pain and stiffness, positive bilateral Spurling's sign, positive supine straight leg raise at 20 degrees in the bilateral lower extremities, right more prominent than left and decreased sensation to light touch and pinprick in the bilateral C6 and L5 dermatomal distribution. The severity of pain was not documented. A request for authorization

of Fexmid (Cyclobenzaprine) 7.5 mg #120, Ultram ER (Tramadol HCL ER) 150 mg #90, Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325 mg #120, Nalfon (Fenoprofen Calcium) 400 mg #90 and Prilosec (Omeprazole DR) 20 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg #120: 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): 63-64.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, muscle relaxants are recommended "with caution as a second line options for short-term acute exacerbations in patients with chronic low back pain and limited, mixed-evidence does not allow for a recommendation of Cyclobenzaprine for chronic use". The documentation submitted shows that Cyclobenzaprine was prescribed to the injured worker since at least 08/2014 indicating that the injured worker had been taking this medication for several months. There was no documentation of any significant functional improvement or reduction of pain with use of this medication and no indication that this medication was being used to treat an acute flare up of low back pain. The continued use of this medication is not consistent with the current guidelines for use of muscle relaxants. In addition, the most recent urine drug screen on 02/21/2015 was negative for the presence of Cyclobenzaprine despite the fact that it was prescribed to the injured worker. Additionally, the request does not include dosing and frequency. The documentation doesn't support the medical necessity of Fexmid (Cyclobenzaprine) 7.5 mg #120. The request is not medically necessary.

Ultram ER (Tramadol HCL ER) 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in order to justify the long term usage of opioid medication, there must be documentation of the most and least amount of pain, average amount of pain, appropriate medication usage and side effects and a good response to treatment can be shown by "decreased pain, increased function or improved quality of life." In addition, MTUS indicates that opioids should be discontinued if there is "no overall improvement in function, unless there are extenuating circumstances and if serious non-adherence is occurring." The most recent progress notes do not document the injured worker's level of pain before and after use of Tramadol or discuss the effectiveness of Tramadol

at reducing pain. The documentation shows that this medication was prescribed to the injured worker since at least 06/10/2014. The injured worker continued to experience significant pain in the cervical and lumbar spine according to recent visit notes, despite the use of Tramadol and there was no documentation of significant functional improvement with use of the medication. The IW continued to use a rolling walker and was not working. There was no decrease in reliance of medications. In addition, the most recent urine drug screen dated 02/21/2015 was absent for the presence of Tramadol. There was no discussion of the results of the urine drug screen by the physician or justification as to why this medication should be continued. Given the lack of documentation of significant pain reduction or functional improvement and the lack of adherence to the medication regimen, the documentation doesn't support the medical necessity of the request for Tramadol ER 150 mg #60. The request is not medically necessary.

Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325 mg #120: 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): 78-79.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in order to justify the long term usage of opioid medication, there must be documentation of the most and least amount of pain, average amount of pain, appropriate medication usage and side effects and a good response to treatment can be shown by "decreased pain, increased function or improved quality of life." In addition, MTUS indicates that opioids should be discontinued if there is "no overall improvement in function, unless there are extenuating circumstances and if serious non-adherence is occurring." The most recent progress notes do not document the injured worker's level of pain before and after use of Norco or discuss the effectiveness of Norco at reducing pain. The documentation shows that this medication was prescribed to the injured worker since at least 06/10/2014. The injured worker continued to experience significant pain in the cervical and lumbar spine according to recent visit notes, despite the use of Norco and there was no documentation of significant functional improvement with use of the medication. The IW continued to use a rolling walker and was not working. There was no decrease in reliance of medications. In addition, the most recent urine drug screen dated 02/21/2015 showed results inconsistent with the medications prescribed. There was no discussion of the results of the urine drug screen by the physician or justification as to why this medication should be continued. Given the lack of documentation of significant pain reduction or functional improvement and the lack of adherence to the medication regimen, the documentation doesn't support the medical necessity of the request for Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325 mg #120. The request is not medically necessary.

Nalfon (Fenoprofen Calcium) 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67, 71.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, for the use of NSAID's "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." As per MTUS, Fenoprofen can be used for treatment of "osteoarthritis in doses of 300-600 mg by mouth 3-4 times per day or mild to moderate pain in doses of 200 mg by mouth every 4-6 hours as needed." Documentation shows that the injured worker had been prescribed Fenoprofen for pain since at least 12/06/2014. There is no documentation of specific pain ratings in the most recent progress notes before and after use of the medication, nor is there any description as to the degree of effectiveness of Fenoprofen. There is no documentation of significant functional improvement or pain reduction with use of the medication. The IW continues to use a rolling walker and is not working. Additionally, the request does not include dosing and frequency. Therefore, the documentation submitted doesn't support the medical necessity of Nalfon (Fenoprofen Calcium) 400 mg #90. The request is not medically necessary.

Prilosec (Omeprazole DR) 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "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)." The guidelines further state that patients with intermediate risk for gastrointestinal events with no cardiovascular disease should be prescribed "a non-selective NSAID with either a proton pump inhibitor or misoprostol or a Cox-2 selective agent." The injured worker was noted to be prescribed one oral NSAID medication on a chronic basis at the time of this request but there were no other documented risk factors for gastrointestinal events. The physician noted that the injured worker was at moderate risk but there was no indication that the injured worker was taking multiple NSAID's, using aspirin, corticosteroids and/or an anti-coagulant, had a history of peptic ulcer or gastrointestinal bleeding and the injured worker was not older than 65 years of age. In addition, the NSAID medication prescribed is found to be not medically necessary. There were no gastrointestinal complaints or abnormal gastrointestinal examination findings documented in recent progress notes. Therefore, the request for authorization of Prilosec (Omeprazole DR) 20 mg #90 is not medically necessary.