

Case Number:	CM15-0121075		
Date Assigned:	07/01/2015	Date of Injury:	05/25/2013
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 58-year-old female who sustained an industrial injury on May 25, 2013. She has reported injury to the cervical spine and has been diagnosed with status post C5-6 discectomy, history of thoracic spine meningioma excision, and right leg paresthesia. Treatment has included medications, surgery, injection, and modified work duty. Physical examination noted tenderness in the paraspinal muscles in the cervical region. Range of motion was limited. She was tender down the right trapezius. Her right upper extremity had a glove like decreased sensation from the shoulder distal on the right side compared to the left. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 #60 per month times 3 months: 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: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. The physician note of March 3, 2015 states, "She continues to struggle with chronic pain. She states she tries not to take pain medicine but she has to take Norco two to three a day." However, there is no measurement of pain or response to Norco. There is also no discussion of function. Therefore, in this case, the continued prescription of Norco cannot be deemed necessary and appropriate. Furthermore, Norco is a schedule II drug for which refills are not medically necessary.

Cyclobenzaprine 5mg #120 per month times 6 months: 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): 41-42.

Decision rationale: According to the MTUS, muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Cyclobenzaprine are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Cyclobenzaprine is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The maximum dose is 10 mg 3 times a day. According to the medical record, this patient has already been on a muscle relaxant for an extended period of time. It also appears from the record that muscle relaxants are being prescribed chronically and that it is not being prescribed for an acute exacerbation, which may be appropriate. Furthermore, this request is for 6 months, which far exceeds the recommended guidelines of 2-3 weeks. This request is not medically necessary.

Meloxicam 15mg #30 per month time 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: According to the MTUS, non-steroidal anti-inflammatory drugs such as meloxicam may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates no benefit from the use of non-steroidal anti-inflammatory drugs with this worker. It is stated that nabumetone is being stopped and meloxicam restarted but the rationale for this is not provided. Although the short-term use of and NSAID for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. This request is not medically necessary.

Omeprazole 20mg #30 per month time 6 months: Upheld

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

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

Decision rationale: According to the MTUS, proton pump inhibitors such as Omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. There was also no diagnosis for any gastrointestinal condition such as GERD that would warrant the prescription of Omeprazole. Therefore, Omeprazole cannot be considered to be medically necessary.