

Case Number:	CM15-0127551		
Date Assigned:	07/14/2015	Date of Injury:	07/29/2011
Decision Date:	08/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male patient who sustained an industrial injury on 07/29/2011. The accident was described as having an aggravation injury during a functional restoration program. A recent primary treating office visit dated 06/10/2015 reported subjective complaint of having neck pain, and mid/lower back pains. He also has limited mobility of the neck and sleep difficulty. Current medications are: Nexium, Flexeril, Norco 10/325mg, and Gabapentin. Previous treatment modality to include: medications, physical therapy session, activity modification, and biofeedback. The following diagnoses were applied: thoracic compression fracture; lumbar radiculopathy; cervical pain, disc disorder, lumbar; spinal lumbar degenerative disc disease; disc disorder, cervical; thoracic pain; low back pain, and disorder of coccyx. The patient has consulted for orthopedic evaluation and was found to be a good lumbar surgical candidate. There is recommendation for a donut seat treating the coccyx pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids for chronic pain and Opioids, long-term assessment and Opioids, pain treatment agreement Page(s): 78-80 and 80-83 and 88 and 89.

Decision rationale: Norco 10-325 MG #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. The MTUS states that opioids are minimally indicated for neuropathic pain. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on with specific functional goals, return to work, risk assessment profile or and an updated signed opioid contract. MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation is not clear that opioids are being prescribed according to the MTUS Guidelines with evidence of return to work, updated signed pain contract, clear pain assessment as recommended by the MTUS, and a reassessment of long term opioid use with discussion of weaning. For all of these reasons continued Norco use is not medically necessary.

Nexium 40 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Proton Pump inhibitors.

Decision rationale: Nexium 40mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor or has failed a first line proton pump inhibitor therefore Nexium is not medically necessary.

Flexeril 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: Flexeril 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There is no evidence of significant objective functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame limit recommended by the MTUS. The request for Flexeril is not medically necessary.