

Case Number:	CM15-0160070		
Date Assigned:	08/26/2015	Date of Injury:	05/19/2005
Decision Date:	12/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male who sustained an industrial injury on 5-19-05. A review of the medical records indicates he is undergoing treatment for fracture of the thoracic vertebra and status post revision of the thoracic spine fusion. Medical records (7-25-15) indicate that he has "residual pain" in the thoracic spine, which is aggravated by any change in temperature, as well as bending, lifting, and twisting movements. The record indicates that the injured worker is "able to tolerate the pain with medications and allows him to work". The physical exam reveals tenderness to palpation over the midline of the paraspinal musculature. Range of motion is noted to be "somewhat diminished". Motor strength is "5 out of 5" in bilateral upper and lower extremities. Sensation is "intact" to light touch and pinprick. Reflexes are noted to be "1+ throughout". Treatment includes medications: Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, and Norco, as well as a home exercise program. The treating provider indicates that the injured worker is "permanent and stationary". The utilization review (8-6-15) includes requests for authorization of Fexmid 7.5mg #120 twice daily, Nalfon 400mg #90, Paxil 20mg #90 three times daily, Prilosec 20mg twice daily, Ultram ER 150mg #90 one daily, Norco 10-325mg #120 every 4 hours as needed. The determination denied Paxil and Prilosec. Ultram ER was modified to a quantity of 45 and Norco was modified to a quantity of 60. Fexmid and Nalfon were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine HCL) 7.5mg #120 one tablet by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), non- sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Fexmid (Cyclobenzaprine HCL) 7.5mg #120 one tablet by mouth twice a day is not medically necessary.

Paxil (Paroxetine HCL) 20mg #90, one capsule by mouth three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. The records do not contain a diagnosis of depression. Paxil (Paroxetine HCL) 20mg #90, one capsule by mouth three times a day is not medically necessary.

Prilosec (Omeprazole DR) 20mg, one capsule by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec (Omeprazole DR) 20mg, one capsule by mouth twice a day is not medically necessary.

Ultram ER (Tramadol HCL ER) 150mg, #90 one capsule daily: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram ER is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram ER can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Ultram ER (Tramadol HCL ER) 150mg, #90 one capsule daily is not medically necessary.

Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325mg #120, one tablet every by mouth every 4 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325mg #120, one tablet every by mouth every 4 hours as needed is not medically necessary.