

Case Number:	CM15-0179801		
Date Assigned:	09/21/2015	Date of Injury:	12/31/2007
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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 42 year old female, who sustained an industrial injury on 12-31-07. Medical record indicated the injured worker is undergoing treatment for muscle spasms, anxiety disorder, headache, chronic pain, myalgia and myositis, constipation, depression, low back pain, neck pain and chronic sacroiliitis. Treatment to date has included facet injections, sacroiliac joint injections, trigger point injections, chiropractic treatment (which provided good relief), physical therapy, oral medications including Advil 100mg, sucralfate 1mg, Amitriptyline 25mg, Prilosec 20mg, Orphenadrine citrate 100mg, Norco 5-325mg, and Docusate sodium 100mg; topical Butrans 5mcg patch, psychiatric care and activity modifications. It is unclear how long the injured worker has utilized these medications. Currently on 6-17-15 and on 7-15-15, the injured worker complains of back pain which is moderate and fluctuating, in lower back and neck with radiation to the left foot, right foot and left thigh, described as an ache, burning, deep, piercing, sharp and throbbing. She rates the pain as 7 out of 10 without medications, 4 out of 10 with medications (6 out of 10 on 6-17-15) and average 6 out of 10 (7 out of 10 on 6-17-15). Physical exam performed on 7-15-15 revealed moderate pain with motion of thoracic spine lumbar spine, left hip, left swelling of pelvis, pain with range of motion of left and right ankle along with reduced sensation on left foot and hand. The treatment plan included a request for authorization for Orphenadrine citrate, Prilosec 20mg, Norco 5-325mg, Docusate sodium 100mg, Butrans 5mcg and Amitriptyline HCL 25mg. On 8-21-15, utilization review non-certified requests for Prilosec 20mg #30 with 1 refill noting there is no indication the injured worker is at risk for gastrointestinal events, history of peptic ulcer, gastrointestinal bleeding or

perforation; Orphenadrine Citrate 100mg 360 with 1 refill, noting guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation for low back pain, records do not provide relative rationale for an exception to support his medication on an ongoing basis; Norco 5-325mg #60 noting guidelines require ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects; this 8 year old case has very minimal objective benefit to support indication of ongoing opioid use and Butrans 5mcg #4 noting guidelines require ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects; this 8 year old case has very minimal objective benefit to support indication of ongoing opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 20 mg #30 with 1 refill is not medically necessary.

Orphenadrine Citrate 100 mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Orphenadrine Citrate 100 mg #60 with 1 refill is not medically necessary.

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Norco 5/325 mg #60 is not medically necessary.

Butrans 5 mcg/hr #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Butrans 5 mcg/hr #4 is not medically necessary.