MAXIMUS Federal Services

Case Number:	CM15-0179864		
Date Assigned:	09/29/2015	Date of Injury:	10/04/2008
Decision Date:	11/24/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury on 10-4-08. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with radiculopathy and chronic pain syndrome. Previous treatment included physical therapy, chiropractic therapy, injections, lumbar fusion, electrical stimulation unit and medications. Magnetic resonance imaging lumbar spine (4-9-15) showed disc desiccation at L3-4 and L4-5 and minimal disc bulge with mild facet arthropathy at L2-3. In an agreed medical evaluation dated 11-7-14, the injured worker complained of low back and bilateral leg pain, rated 10 out of 10 of 10 on the visual analog scale as well as neck and left arm pain. Current medications included Norco, Hydrochlorothiazide, Clonidine and an unknown muscle relaxer and nerve medication. In a PR-2 dated 4-9-15, the injured worker complained of increasing low back and bilateral leg pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasms, "decreased" range of motion", "decreased" sensation and positive straight leg raise. The physician documented that magnetic resonance imaging lumbar spine (undated) showed a larger herniated nucleus pulposus at L4-5 with moderate to severe stenosis. The treatment plan included prescriptions for Flexeril, Protonix, Norco and Ultram. In an initial pain management consultation dated 6-11-15, the injured worker complained of pain to the low back, gluteal area and left leg, rated 9 to 10 out of 10 before medications and 7 to 8 out of 10 with medications. Physical exam was remarkable for cervical spine with range of motion 80% of normal without tenderness to palpation, lumbar spine with tenderness to palpation, range of motion 20% of normal, left straight leg raise, decreased sensation in the left calf and left foot and 5 out of 5

strength to bilateral lower extremities. Current medications included Terocin, Diclofenac, Protonix, Gabapentin, Tizanidine, Tramadol and Norco. The physician recommended lumbar epidural steroid injections at left L405, lysis of adhesions and post injection physical therapy. In a PR-2 dated 7-23-15, the injured worker complained of increasing low back and bilateral leg pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasms, "decreased" range of motion, "decreased" sensation and positive straight leg raise. The treatment plan included prescriptions for Flexeril, Protonix, Voltaren, Norco and Ultram. On 8-27-15, Utilization Review noncertified a request for Flexeril 7.5mg #90 with one refill, Voltaren 100mg #60 with one refill, Protonix 20mg #60 with one refill, Tramadol 50mg #60 with one refill and Norco 5-325mg #15 with one refill for date of service 7-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg #90 refill 1 DOS 07/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Retrospective request for Voltaren 100mg #60 refills 1 DOS 07/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.

Retrospective request for Protonix 20mg #60 refill 1 DOS 07/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Retrospective request for Tramadol 50mg #60 refills 1 DOS 07/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, the patient is concurrently prescribed two short acting opioid medications without clearly stated rationale. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.

Retrospective request for Norco 5/325mg #15 refills 1 DOS 07/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, the patient is concurrently prescribed two short acting opioid medications without clearly stated rationale. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.