

Case Number:	CM15-0061316		
Date Assigned:	04/07/2015	Date of Injury:	10/10/2013
Decision Date:	05/13/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/31/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old female, who sustained an industrial injury on 10/10/2013 reporting bilateral leg pain. The diagnoses have included status post microdiscectomy of lumbar spine with re-injury and radicular symptoms of the right and left lower extremity. On provider visit 01/28/2015, the injured worker has reported lower back pain that shoots to bilateral lower extremities with numbness and tingling noted. Objective findings were unremarkable and a diagnosis was status post lumbar spine L4-5 laminectomy and discectomy 12/2012. Treatment to date has included MRI scans, epidural injection, aqua therapy, physical therapy, home exercise program, laboratory studies, psychiatric evaluation and medications. The provider requested medication refills of Prilosec, Flexeril and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (PPI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with low back pain. The current request is for Prilosec (PPI). The treating physician states that the pain is persistent and shoots to bilateral lower extremities, right greater than left, with numbness and tingling. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events: "Age is more than 65 years; history of peptic ulcers, GI bleeding, or perforations; concurrent use of ASA, corticosteroids, and/or anticoagulant; high-dose multiple NSAIDs." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." There is no documentation of multiple high dosage NSAIDs or of dyspepsia secondary to NSAID therapy. The patient is not more than 65 years old. In this case, the treating physician has not provided supporting evidence as to why this patient would need to be prescribed Prilosec. The current request is not medically necessary and the recommendation is for denial.

Flexeril (Muscle Relaxer): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The patient presents with low back pain. The current request is for Flexeril (muscle relaxer). The treating physician states that the pain is persistent and shoots to bilateral lower extremities, right greater than left, with numbness and tingling. The MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. In this case, the treating physician has been prescribing Flexeril since at least 11/24/14, which is beyond the recommend 2 to 3 weeks recommended by MTUS. The current request not medically necessary and the recommendation is for denial.

Norco (Narcotic): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with low back pain. The current request is for Norco (narcotic). The treating physician hand written report (43) states that the pain is persistent and shoots to bilateral lower extremities, right greater than left, with numbness and tingling. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided documentation regarding the 4A's. No pain assessment has been provided in the records. Functional improvement is not addressed and the patient has not returned to work. There is no discussion regarding any improvement in activities of daily living and there is no discussion regarding any side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation regarding ongoing opioid usage. The current request not medically necessary and the recommendation is for denial.