

Case Number:	CM15-0065278		
Date Assigned:	04/10/2015	Date of Injury:	08/31/1998
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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

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 70 year old female, who sustained an industrial injury on August 31, 1998. The injured worker was diagnosed as having lumbar disc degeneration and lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy, injection therapy, chiropractic treatments care, and medication. Currently, the injured worker complains of low back pain with radiation into the right hip. The Treating Physician's report dated May 8, 2014, noted the injured worker's medications as Calcitonin nasal spray, Flexeril, Lescol XL, Norco, Ultimate colon formula, and Zoloft. The injured worker was noted to have been stable on the current medication regimen, able to maintain function at a higher level than if she was off the current regimen. The treatment plan included prescriptions for Zoloft, Norco, and Flexeril, and a random drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/11/15 with lumbar spine pain rated 3/10. The patient's date of injury is 08/31/98. Patient is status post microdiscectomy at L4/L5 levels at a date unspecified. The request is for Norco 10/325MG, sixty count. The RFA is dated 02/18/15. Physical examination dated 02/11/15 does not include a comprehensive physical exam, only an overview of systems with no abnormal findings. The patient is currently prescribed Calcitonin, Flexeril, Lescol, Medizine, Norco, Prednisone, Vitamin D, and Zoloft. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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 regard to the request of Hydrocodone for the management of this patient's chronic pain, the provider has not provided adequate documentation of efficacy. This patient has been taking Hydrocodone since at least 10/29/14. Progress note dated 02/11/15 does not mention pain reduction specifically attributed to this patient's medications. The same progress note does indicate that this patient's medications allow her to perform activities of daily living, but does not provide a discussion of lack of aberrant behaviors or consistent urine drug screens to date. Without documentation of analgesia using a validated scale, a discussion addressing a lack of aberrant behavior, and consistent urine drug screens, continuation of this medication cannot be substantiated. Given the lack of 4A's documentation as required by MTUS, the request is not medically necessary.

Flexeril 10 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 02/11/15 with lumbar spine pain rated 3/10. The patient's date of injury is 08/31/98. Patient is status post microdiscectomy at L4/L5 levels at a date unspecified. The request is for Flexeril 10MG, thirty count. The RFA is dated 02/18/15. Physical examination dated 02/11/15 does not include a comprehensive physical exam, only an overview of systems with no abnormal findings. The patient is currently prescribed Calcitonin, Flexeril, Lescol, Medizine, Norco, Prednisone, Vitamin D, and Zoloft. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their

popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the requesting provider has specified an excessive duration of therapy. This patient has been taking Cyclobenzaprine since at least 10/29/14, though efficacy is not documented in the subsequent reports. MTUS guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute pain. However, they do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. The requested 30 tablets on 02/11/15 in addition to utilization since at least 10/29/14 does not imply intent to use this medication short-term. Therefore, the request is not medically necessary.

Zoloft 50 mg, thirty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants medications Page(s): 13-15.

Decision rationale: The patient presents on 02/11/15 with lumbar spine pain rated 3/10. The patient's date of injury is 08/31/98. Patient is status post microdiscectomy at L4/L5 levels at a date unspecified. The request is for Zoloft 50MG, thirty count with two refills. The RFA is dated 02/18/15. Physical examination dated 02/11/15 does not include a comprehensive physical exam, only an overview of systems with no abnormal findings. The patient is currently prescribed Calcitonin, Flexeril, Lescol, Medizine, Norco, Prednisone, Vitamin D, and Zoloft. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS guidelines page 13 to 15 under Antidepressants states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." In regard to the request for a continuation of Zoloft, the requesting provider has not provided adequate documentation of efficacy to continue use. Progress reports indicate that this patient has been receiving Zoloft since at least 10/29/14. The subsequent progress reports do not provide any documentation of psychological improvement or pain reduction attributed to this medication. Progress note dated 02/11/15 does document functional improvements attributed to this patient's medications at large, though it does not specifically address Zoloft or provide a discussion of psychological factors. Without documentation of efficacy specifically attributed to this medication or a more thorough psychological assessment, continuation of this medication cannot be substantiated. The request is not medically necessary.