

Case Number:	CM15-0094742		
Date Assigned:	05/20/2015	Date of Injury:	05/22/2014
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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 was a 43-year-old female, who sustained an industrial injury, May 22, 2014. The injured worker previously received the following treatments chiropractic services, physical therapy, heat and cold therapy, Baclofen, Naprosyn and Colace. The injured worker was diagnosed with anxiety, depression, neck sprain, cervicgia, intervertebral disc disorder with myelopathy lumbar region and sciatica. According to progress note of April 6, 2015, the injured workers chief complaint was bilateral neck pain rated at 3 out of 10. The bilateral back pain was rated at 4 out of 10, with radiation of pain down the left leg. The pain was described as sore in nature with numbness. The injured worker was having trouble falling asleep due to pain. The injured worker was participation in chiropractic and physical therapy services with a 60% improvement in pain. The injured worker was using less pain medication. Instead of taking three pain pills a day to one pain pill. The physical exam noted tenderness at C1-T1 of the paraspinal muscles bilaterally and bilateral facet joint tenderness on the right. Foraminal compression was positive bilaterally with pain. Distraction test was positive bilaterally and shoulder depression test was positive bilaterally. The examination of the lumbar spine noted paraspinal tenderness bilaterally at the level of L4-L5 and L5-S1 with walking, more on the right side. There was bilateral facet joint tenderness, left greater than the right at the L4-L5 and L5-S1 level. The left- sided S1 joint tenderness was noted. The sciatic notch and sciatic nerve tenderness was also noted. The straight leg raises in the seated position was positive on the left. The treatment plan included prescriptions for Baclofen, Naprosyn and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg, quantity unspecified: Upheld

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

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

Decision rationale: The patient presents with lumbar spine sprain/strain and left lumbar radicular symptoms, as per progress report dated 04/07/15. The request is for Baclofen: strength: 20 MG; quantity: unspecified; refills: unspecified; taken by mouth, 1 tablet twice a day for muscle relaxation in lumbosacral area. No RFA could be found for this request. The patient's date of injury is 05/22/14. Medications, as per progress report dated 04/07/15, included Baclofen, Naprosyn and Colace. As per progress report dated 04/06/15, the patient complains of constant neck pain, rated at 3/10, that radiates to bilateral shoulders, and constant lower back pain, rated at 4/10, that radiates to the left leg. Diagnoses included cervicalgia, neck sprain, intervertebral disc disorder with myelopathy of lumbar region, and sciatica. The patient is off work, as per the same progress report. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, a prescription for Baclofen is first noted in progress report dated 04/07/15. The treater is requesting for a trial of the medication to "promote muscle relaxation in lumbosacral area." However, requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The treater's request does not include quantity and the duration of the treatment to make a determination based on MTUS. Hence, this request is not medically necessary.

Naprosyn 550 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 Treatment Guidelines NSAID's, medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with lumbar spine sprain/strain and left lumbar radicular symptoms, as per progress report dated 04/07/15. The request is for Naprosyn: strength: 550 MG; quantity: 60; refills: unspecified; taken by mouth, 1 tablet twice a day as needed. No RFA could be found for this request. The patient's date of injury is 05/22/14. Medications, as per progress report dated 04/07/15, included Baclofen, Naprosyn and Colace.

As per progress report dated 04/06/15, the patient complains of constant neck pain, rated at 3/10, that radiates to bilateral shoulders, and constant lower back pain, rated at 4/10, that radiates to the left leg. Diagnoses included cervicalgia, neck sprain, intervertebral disc disorder with myelopathy of lumbar region, and sciatica. The patient is off work, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the request for Naprosyn was authorized by UR stating, "Naproxen is recommended as a first-line treatment for musculoskeletal pain in a step-wise approach to medication management for chronic pain. The patient has diagnosis consistent with NSAID therapy." The use of Naprosyn is first noted in progress report dated 01/15/15. The medication was prescribed due to "its anti-inflammatory effects for breakthrough pain." In progress report dated 02/12/15, the treater states, "the patient has been taking Naprosyn regularly for the last two weeks and she reports it causes abnormal smell in her urine." The treater, however, does not document the impact of the medication on pain and function, as required by MTUS, page 60. Additionally, in progress report dated 05/05/15, after the UR date, the treater states "the patient has been taking this medication for about a year everyday regularly and due to its potential side effects for kidney and long term usage I am discontinuing this medication." Given the lack of documentation of efficacy and the discontinuation, the request is not medically necessary.

Colace 100 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 Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid-induced constipation treatment.

Decision rationale: The presents with lumbar spine sprain/strain and left lumbar radicular symptoms, as per progress report dated 04/07/15. The request is for Colace: strength: quantity: 60; refills: unspecified. No RFA could be found for this request. The patient's date of injury is 05/22/14. Medications, as per progress report dated 04/07/15, included Baclofen, Naprosyn and Colace. As per progress report dated 04/06/15, the patient complains of constant neck pain, rated at 3/10, that radiates to bilateral shoulders, and constant lower back pain, rated at 4/10, that radiates to the left leg. Diagnoses included cervicalgia, neck sprain, intervertebral disc disorder with myelopathy of lumbar region, and sciatica. The patient is off work, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines, page 77, under the heading: Therapeutic Trial of Opioids state that "Prophylactic treatment of constipation should be initiated." ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment', state "Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-

counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." In this case, the UR has authorized this request stating, "CA MTUS guidelines recommend routine constipation prophylaxis with opioid therapy." A prescription for Colace I first noted in progress report dated 02/12/15. In the report, the treater states that the patient is starting Tramadol and Colace is being prescribed to manage "constipation secondary to pain medication." However, in progress report dated 03/10/15, the treater asks the patient to "discontinue Tramadol secondary to its side effects of nausea." Subsequent progress report, dated 04/07/25, does not document the use of opioids, although the treater continues to request Colace. In progress report dated 05/05/15, after the UR date, the treater prescribed Norco and stated, "The patient has been taking Colace for few months, which she reports now it causes abdominal pain." The treater, therefore, prescribed another medication for constipation. Given the side effects and the discontinuation, the request for Colace is not medically necessary.