

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0132191 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 12/31/2012 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old female with an injury date of 12/31/12 to the left shoulder, elbow and lower back. The patient's status is post lumbar fusion surgery 4/29/14. The treating physician report 6/20/14 indicates that the patient presents with a pain level of 6/10, a specific location was not mentioned in reports provided. Toxicology reports dating from 6/20/14 - 9/15/14 show the patient tested negative for any and all medications. Ultram is indicated for this patient noted on toxicology reports 6/20/14 - 9/15/14 but was not detected. Prior treatments include post-op Physical Therapy, 2x weekly for the lumbar spine for a total of 12 sessions. The treating physician reports dated 6/20/14 - 8/1/14 shows patient was prescribed refills for Naproxen, Norco, Ultram, Prilosec, Norflex. The most current treating physician's report dated 11/7/14 shows patient was now prescribed Naproxen, Fexmid, Ultram and Protonix. An X-Ray dated 10/6/14 of lumbar spine, status post discectomy L5-S1 and laminectomy L5 with posterior pedicle screw placement shows signs of intervertebral body new bone and formation/fusion and mild disc space narrowing L4-5. The current diagnoses are: 1. Epidural abscess, causation unknown 2. Sprain/strain, lumbosacral spine 3. L5/S1 diskitis, instability. S/P posterior decompression/fusion 4/29/14 The utilization review report dated 08/13/14 denied request for Norco 10/325mg dispensed on 8/1/14 QTY: 90, Naproxen 500mg dispensed on 8/1/14 QTY: 90, based on a previous denial of Zofran and limited documentation of subjective report, physical examination, diagnosis and treatment. The utilization review denied request for Omeprazole 20mg dispensed on 8/1/14 QTY: 60, Tramadol HCL ER 150mg dispensed on 8/1/14 QTY: 60, Norflex 100mg dispensed on 8/1/14 QTY: 60, based on limited documentation of subjective report, physical examination, diagnosis and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg (DOS 8/1/14) Quantity: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The patient presents with chronic pain (a specific location not mentioned in reports provided) on a level of 6/10 and spasms in the low back, 20 months post injury and approximately 3 months post lumbar fusion surgery. The current request is for a retrospective decision for Norco 10/325mg QTY: 90 dispensed on 8-1-14. The earliest report provided documenting a prescription for Norco is 6/20/14. The treating physician reports that the prescription was a refill and did not state how long the patient had been prescribed Norco previously. The MTUS page 79 states that during the trial period the patient should visit treating physician every 2 weeks for the first 2 to 4 months. There is no documentation provided that discusses the patient's trial period with medication. There is supporting documentation between 6/20/14 - 11/7/14 that the patient did see her treating physician about every 45 days, except for the month of July where there is no provided documentation. The treating physician does state in a report dated 8/1/14 that the medication decreases the patient's pain by approximately 2-3 points on the pain scale and that the medications allow improved ADL's. The treating physician also states that the prescribed medications have resulted in a marked decrease in symptoms caused by the injury. The 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." The MTUS page 78 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 this case the treating physician does address the 4As as well as pain assessment. Patient also expresses goal of weaning off of medications. The request is medically necessary.

Retrospective request for Naproxen 500mg (DOS 8/14/14) Quantity: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The patient presents with chronic pain (a specific location not mentioned in reports provided) on a level of 6/10 and spasms in the low back, 20 months post injury and approximately 3 months post lumbar fusion surgery. The current request is for a retrospective decision for Naproxen 500mg QTY: 90, dispensed on 8/1/14. The treating physicians report dated 08/1/14 states that patient was on total disability and pain levels had improved, 5/10

without medications and 2/10 with. Treating physician requested a refill for Naproxen as a first line for pain and inflammation as the patient failed OTC NSAIDS including aspirin and ibuprofen. The treating physician also states that the patient has no cardiac history as well as no history of hemoptysis or hematochezia. The MTUS guidelines page 22 does recommend NSAIDs, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case the treating physician notes the patient was prescribed Naproxen as a second line of treatment after she failed to receive benefits from OTC NSAIDS. The request is medically necessary.

Retrospective request for Omeprazole 20mg (DOS 8/1/14) Quantity: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: The patient presents with chronic pain (a specific location not mentioned in reports provided) on a level of 6/10 and spasms in the low back, 20 months post injury and approximately 3 months post lumbar fusion surgery. The current request is for a retrospective decision for Omeprazole 20mg QTY: 60, dispensed on 8/1/14. The treating physician has documented that the patient experiences upset stomach with epigastric pain while on NSAID. This is relieved with Omeprazole. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treating physician in this case has documented that the usage of Omeprazole reduces G/I symptoms for this patient. The request is medically necessary.

Retrospective request for Tramadol HCL ER 150mg (DOS 8/1/14) Quantity: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

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

Decision rationale: The patient presents with chronic pain (a specific location not mentioned in reports provided) on a level of 6/10 and spasms in the low back, 20 months post injury and approximately 3 months post lumbar fusion surgery. The current request is for a retrospective decision for Tramadol HCL ER 150mg QTY: 60, dispensed on 8/1/14. The 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." The MTUS page 78 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 this case the treating physician has documentation of the 4As and has prescribed Tramadol in order to decrease the use of opioids. The MTUS states that ER drugs are recommended over IR drugs for chronic pain lasting longer than 6 weeks. A report dated 11/7/14 states that patient did stop taking Norco and the use of an ER drug "Tramadol" aided in this. The treating physician prescribed Tramadol in compliance with the MTUS guidelines. The request is medically necessary.

Retrospective request for Norflex 100mg (DOS 8/1/14) Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The patient presents with chronic pain (a specific location not mentioned in reports provided) on a level of 6/10 and spasms in the low back, 20 months post injury and approximately 3 months post lumbar fusion surgery. The current request is for a retrospective decision for Norflex 100mg QTY: 60, dispensed on 8/1/14. The MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. The MTUS page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. In this case the treating physician does not discuss the medication as a second line option although stating that it helps. However, the treating physician does not mention that this is to be used for short-term and patient has been prescribed this medication for longer than the recommended timetable of 2-3 weeks. MTUS does not support use of sedating muscle relaxants for longer than 2-3 weeks at most. The request is not medically necessary.