

Case Number:	CM13-0011743		
Date Assigned:	03/10/2014	Date of Injury:	06/11/1990
Decision Date:	06/16/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational Medicine 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 an employee of the [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of June 11, 1990. Treatment to date has included cervical fusion and medications including Nexium 20 mg 1 capsule twice daily (since February 2013), Vicodin 5-500 mg 1 tablet every 6 hours as needed for pain (since February 2013), Naprosyn 500 mg ½ tablet twice daily (since February 2013), Soma 350 mg 1 tablet every 8 hours as needed (since February 2013), and Lidoderm 5% patch 700mg applied 12 hours on and 12 hours off (since February 2013). Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating to the bilateral lower extremities, left greater than the right, and associated with numbness of the lower extremity. Pain level was 8/10 with and without medications. On physical examination, range of motion of the lumbar spine was decreased and tenderness was also noted. Sensation and motor strength were decreased in bilateral lower extremities. Straight leg raise was positive bilaterally. Utilization review from July 23, 2013 denied the request for 60 Nexium 20 mg between 6/18/2013 and 8/31/2013 because the patient did not have risk factors for gastrointestinal or cardiovascular events nor were NSAIDs recommended to him; 120 Vicodin 5-500 mg between 6/18/2013 and 8/31/2013 because of lack of improvement in the patient's pain and functioning; 30 Naprosyn 500 mg between 6/18/2013 and 8/31/2013 because of lack of support for long-term use of (NSAIDs) non-steroidal anti-inflammatory drugs ; 90 Soma 350 mg between 6/18/2013 and 8/31/2013 because it is not recommended by guidelines; and 30 Lidoderm 5% patch (700 mg/patch) between 6/18/2013 and 8/31/2013 because of lack of improvement with this medication. The request for Vitamin D 2000 was likewise denied due to lack of evidence of pain relief associated with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NEXIUM 20MG: 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 9792.24.2, 68 Page(s): 68.

Decision rationale: According to page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. In this case, the patient was being prescribed with Nexium since February 2013 (15 months to date); however, the medical records did not indicate whether the patient is at intermediate risk for gastrointestinal events at the time of prescription. There was no clear indication for the use of this medication; therefore, the request for 60 Nexium 20mg is not medically necessary.

120 VICODIN 5/500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, 78-81.

Decision rationale: According to pages 79-81 of the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the requesting physician noted that (NSAIDs) non-steroidal anti-inflammatory drugs and alternative analgesics have either been ineffective alone or not well tolerated and opiate use allowed the patient to increase or maintain activities of daily living and function. No significant adverse drug side effects were noted and the patient is being monitored by periodic urine drug screening and CURES reporting. However, the most recent medical note indicated that pain level was 8/10 with and without medications; thus, the requesting physician's statement and the subjective findings are contradictory. Furthermore, the patient was being prescribed with Vicodin since February 2013 (15 months to date) but given the 1990 date of injury, the duration of opiate use to date is not clear. There was also no discussion regarding non-opiate means of pain control. Although opiates may be appropriate, additional information would be necessary, as Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 120 Vicodin 5/500mg is not medically necessary.

30 NAPROSYN 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-69.

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, NSAIDs) non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In this case, Naprosyn was being prescribed since February 2013 (15 months to date) and the requesting physician noted that NSAIDs and alternative analgesics have either been ineffective alone or not well tolerated. Moreover, the most recent medical note indicated that pain level was 8/10 with and without medications; thus, functional gains were not achieved with this medication. In addition, guidelines state that there is no evidence of long-term effectiveness for pain or function with NSAIDs. There is no clear indication for continued use of this medication; therefore, the request for 30 Naprosyn 500mg is not medically necessary.

90 SOMA 350MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29,63-669.

Decision rationale: According to pages 29 & 65 of the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, Soma was being prescribed since February 2013 (15 months to date). Guidelines do not support long-term use of this medication; therefore, the request for 90 Soma 350mg is not medically necessary.

30 LIDODERM 5% PATCH (700MG/PATCH): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57,112. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 56-57, 112.

Decision rationale: According to pages 56-57 of the Chronic Pain Medical Treatment Guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has

been evidence of a trial of first-line therapy. In this case, Lidoderm patch was being prescribed since February 2013 (15 months to date) but there was no discussion regarding failure of first-line therapy such as tri-cyclic or SNRI anti-depressants or anti-epileptic drugs. In addition, guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, the request for 30 Lidoderm 5% patch (700mg/patch) is not medically necessary.

60 VITAMIN D 2000: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Vitamin D.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, Pain Section was used instead. It states that Vitamin D is a consideration in chronic pain patients. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. In this case, patient has been prescribed with Vitamin D supplementation since February 2013. The documented rationale is because of decreased level of serum 25 (OH) D of less than 30 mg/mL. The plan was to provide supplement for at least three months. However, the most recent progress reports do not provide evidence of functional benefits derived from its use. There is no repeat laboratory testing that may warrant continued Vitamin D supplementation. The medical necessity has not been established. Therefore, the request for 60 Vitamin D 2000 is not medically necessary.