

Case Number:	CM13-0020259		
Date Assigned:	10/11/2013	Date of Injury:	02/11/2002
Decision Date:	07/25/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 and Environmental Medicine, has a subspecialty in Preventive Medicine, and is licensed to practice in West Virginia. 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 49-year-old with a February 11, 2002 date of injury. A review of the medical records indicate that the patient is undergoing treatment for lumbar disc disease, failed back surgery syndrome, hypertension, gastroesophageal reflux disease, anxiety and depression. Pertinent past surgical history as follows: L5-S1 fusion in 2003 with status post hardware removal of L5-S1 in 2006. Patient had a L4 L5 fusion in 2009. A hardware removal and graft augmentation with anterior lumbar discectomy and insertion of a fusion cage was performed on L4 L5 in 2011. Subjective complaints include low back pain with radiation to the lower extremities, which the patient describes as intense. He describes burning, pins and needles, and stabbing pain to his legs and heels. Objective symptoms: patient has a listing stance with marked antalgic gait. He wears a lumbar and knee brace and walks with a cane. He has noted tenderness over the paravertebral musculature. Straight leg raise is positive bilaterally at approximately 50 degrees. He also has decreased deep tendon reflexes in the achilles tendon. Currently the patient is prescribed Norco 10/325 mg (6 per day) for pain. Oxycontin 80mg to be taken every twelve hours also for pain. Zoloft 150mg every morning for depressive and anxiety symptoms. Valium 50mg twice a day for anxiety. Ambien 10mg at bed for insomnia, Omeprazole 20mg two times per day for GERD symptoms, Lotensin 40mg daily for hypertension and Zofran 8mg every day for nausea. The utilization review, August 27, 2013, for the Omeprazole, Lotensin, an unknown medicine and Zofran were conditionally non-certified because the medical provider did not provide the complete medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OMEPRAZOLE 20MG, #90: 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 NSAIDS, GI symptoms and cardiovascular risk page(s) NSAIDs, GI symptoms & cardiovascular risk, page 63-64 and 68-69 Page(s): 63-64 and 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of omeprazole or other proton pump inhibitors for patients with gastrointestinal risk factors. This individual's history is negative for; (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records available for review do not support this individual as having any gastrointestinal event risk factors warranting the use of a proton pump inhibitor. As such, this request for Imeprazole 10mg, ninety count, is not medically necessary or appropriate.

PRESCRIPTION OF ZOFRAN 8MG, #10: 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 Antidepressants, GI symptoms, opioids, page(s) 15-16, 74-96 Page(s): 15-16, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics for opioid use.

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. The patient is currently taking Norco and Oxycontin and nausea is a known side effect of chronic opioid use. The ODG does not recommend the use of an antiemetic drug for nausea and vomiting that is associated with chronic opioid use. Additionally, Ondansetron is only FDA approved in the treatment of nausea and vomiting associated with radiation and chemotherapy and for post-operative care. The request for Zofran 8mg, ten count, is not medically necessary or appropriate.

PRESCRIPTION OF LOTENSIN 40MG, #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Olsen RB, Bruehl S, et al. Hypertension prevalence and diminished blood pressure-

related hypoalgesia in individuals' reporting chronic pain in a general population: The Tromso study. 2013 (FEB;154(2):257-262.

Decision rationale: The MTUS and ODG do not address hypertension as a result of chronic or breakthrough pain and the use of Ace inhibitors for the treatment thereof. The above reference (Olsen et al) note that there was significant BP-related hypoalgesia (reduced acute pain sensitivity) in persons free of chronic pain ($P < 0.001$), and the magnitude of this effect was twice the hypoalgesia observed in the group with chronic pain. At the same time, with adjustment for age, sex, and body mass index, the presence of chronic pain was associated with a significant ($OR = 1.23$) increased odds of having comorbid hypertension. Additionally, higher intensity of chronic pain was a significant predictor of reported hypertension, beyond the effects of traditional known risk factors for elevated blood pressure. The cited study, and prior epidemiological studies noted by the authors, suggests that chronic pain may be a significant contributor to the onset and persistence of hypertension. However, it must be considered that the data in this observational study are associative in nature and therefore, do not and cannot prove cause effect relationships or which came first, chronic pain or hypertension. Additionally, subjects in the chronic pain group reported overall typical pain of moderate intensity (5.0 on a 10 point scale), which may suggest that their pain was under some degree of control. It also might be suspected that subjects' use of antihypertensive medications and/or analgesics might have skewed outcomes. Further, the noted incidence of hypertension in the available records of the individual in question seems to correspond with break through pain and seems to have responded to improved pain control. The level of evidence available to support chronic pain induced hypertension is lacking and there is no evidence to indicate that ACE inhibitors, which exert an effect through the angiotensin-renin system, would be an appropriate treatment modality for what is presumably a catecholamine modulated hypertensive effect. As such, the request for one prescription of Lotensin 40mg, quantity of one, is not medically necessary or appropriate.

PRESCRIPTION OF UNKNOWN MEDICATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation There is no guideline to address the non-specific use of unknown medication.

Decision rationale: It is impossible to determine medical necessity on an unknown medication. As the type, dose and number prescribed is unknown, the request for a prescription of an unknown medication is not medically necessary or appropriate.