

Case Number:	CM13-0031988		
Date Assigned:	12/04/2013	Date of Injury:	09/27/2002
Decision Date:	07/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/04/2013

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 Hawaii. 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:

This case is a 62-year-old female with a date of injury on 9/27/2002. A review of the medical records indicate that the patient is undergoing treatment for osteoarthritis, "depressive symptoms due to chronic pain", lumbar radiculopathy, cervical strain/sprain, insomnia, and s/p lumbar fusion. Subjective complaints (11/12/2013) include low back pain, leg pain, neck pain with radiation to shoulders, bilateral knee pain, and right hip pain. Objective findings (11/12/2013) include decreased lumbar range of motion, tenderness to palpation of right hip, tenderness to palpation of left knee, antalgic gait, and slightly depressed mood and affect. X-rays of right hips were conducted 11/25/2013 that revealed osteoarthritis. Treatment has included lumbar fusion (6/6/2013), Lidone 400mg bid as needed, occupational therapy, physical therapy, Paxil 20-40mg, Zantac 150mg bid as needed, Oxycontin 20mg as needed, and Vicodin tid as needed. A utilization review dated 9/2/2013 noncertified a request for right hip x-ray due to no evidence of fracture or acute re-injury, partially certified for Lidone 400mg #60 to keep with guidelines recommendations of lowest dose and shortest treatment time possible, partially certified for restoril 15mg #16 to allow for weaning due to excessive length of treatment timeframe, partially certified for paxil 20mg #30 to allow for continued treatment due to worsening depressive symptoms based on last treatment note, and partial certification of zantac 150mg #30 due to high dose NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE RIGHT HIP: 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) Hip & Pelvis (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), and the ACOEM Practice Guidelines, 3rd Edition, Hip and Groin Disorders, X-Rays.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) is silent regarding hip x-rays. ODG states regarding X-Ray of the hips "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury." Per ACOEM guidelines V3, X-Rays are recommended for "evaluating acute, subacute, or chronic hip pain, or femoroacetabular impingement or dysplasia. Obtaining x-rays once is generally sufficient. For patients with chronic or progressive hip pain, it may be reasonable to obtain a second set of x-rays months to years subsequently to re-evaluate the patient's condition, particularly if symptoms change." Medical documents do not indicate a new 'severe injury'. Additionally, there does not appear to be a reinjury or symptomatic change since the prior X-ray on November 25, 2013. The request for an X-ray of the right hip is not medically necessary or appropriate.

LODINE 400 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, specific drug list & adverse effects.

Decision rationale: Lodine is a brand name version of Etodolac, which is a non-steroidal anti-inflammatory drug. The Chronic Pain Medical Treatment Guidelines specifies four recommendations regarding NSAID use: - Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. - Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. - Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. - Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Medical documents indicate the patient is undergoing treatment for

osteoarthritis and back pain. The use of an NSAID is recommended according to the Chronic Pain Medical Treatment Guidelines. The request for Lodine 400 mg is medically necessary and appropriate.

RESTORIL 15 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: Restoril (tamezapam) is a benzodiazepine. The Chronic Pain Medical Treatment Guidelines states that benzodiazepine (ie Restoril) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. Additionally, medical documents indicate that the patient has been on restoril for many months, which is far in excess of guideline recommendation of 4 weeks. Additionally, several documents indicate the need for weaning. The request for Restoril 15 mg is not medically necessary or appropriate.

PAXIL 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain , SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - medications in chronic pain, Mental Illness & Stress, Anxiety - Antidepressants - SSRI's versus tricyclics (class).

Decision rationale: Paxil is a brand name version of Paroxetine, which is an Antidepressant, Selective Serotonin Reuptake Inhibitor (SSRI). The Chronic Pain Medical Treatment Guidelines

states regarding use of SSRI for chronic pain, "SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo)" Additionally, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." Medical documents indicate that the patient has been on paxil chronically for pain, but there is no indication that tricyclic antidepressants have been tried, failed, or that there were adverse reactions from the first line treatment. Medical documents do indicate that the patient underwent behavior health evaluation and treatment in 2012, but no records available to indicate ongoing treatment for depression or a thorough mental health evaluation conducted to warrant paxil. The request for Paxil 20 mg is not medically necessary or appropriate.

ZANTAC 150 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Zantac is a brand name version of Ranitidine, which is an H-2 blocker used for treatment of heartburn and indigestion. The Chronic Pain Medical Treatment Guidelines states "Determine if the patient is at risk for gastrointestinal events: (1) age > 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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Additionally, "The concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. This risk was higher for non-selective NSAIDs when compared to Cox-2 selective agents" The patient appears to be on high dose/multiple NSAID, which meets Chronic Pain Medical Treatment Guideline criteria for GI protection. The request for Zantac 150 mg is medically necessary and appropriate.