

Case Number:	CM13-0037663		
Date Assigned:	12/18/2013	Date of Injury:	01/27/2010
Decision Date:	06/02/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 Neurology, has a subspecialty in Neuromuscular 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 a 70-year-old patient who sustained a work-related injury on January 27, 2010. Subsequently, the patient developed chronic neck pain. According to a note dated on December 7, 2012, the patient was complaining of neck pain with arm numbness and tingling. The is physical examination demonstrated decreased sensation in the right medial forearm, decreased sensation along the left C7 dermatome, and decreased motor strength of the right grip. His pain improved with the cervical epidural injection. According to a note dated on June 21, 2013, the patient's physical examination was not documented. The patient was taking Butrans patch, Norco, trazodone, Zanaflex, and Protonix. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PANTOPRAZOLE (PROTONIX) 20MG #60, ONE (1) TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that Protonix is recommended when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events include: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroid anti-inflammatory drug (NSAID). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The patient was prescribed an NSAID; however there is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the retrospective request for Pantoprazole-protonix 20mg #60, one (1) twice daily is not medically necessary.

RETROSPECTIVE REQUEST FOR TRAZODONE 50MG #90, TAKE ONE TO TWO (1-2) AT NIGHT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SCHWARTZ, T., ET AL. (2004) "A COMPARISON OF THE EFFECTIVENESS OF TWO HYPNOTIC AGENTS FOR THE TREATMENT OF INSOMNIA" INT J PSYCHIATR NURS RES 10(1): 11146-1150.

Decision rationale: The article indicates that Trazodone is used for short term use for insomnia. The patient records indicated that the patient does not have a recent documentation of insomnia; however, the long term use of Trazodone is not recommended. Therefore, the retrospective request for Trazodone 50 m #90, take one to two (1-2) at night is not medically necessary.

RETROSPECTIVE REQUEST FOR TIZANIDINE (ZANAFLEX) 4MG #90, TAKE ONE (1) TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, TIZANIDINE (ZANAFLEX)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63.

Decision rationale: The Chronic Pain Guidelines indicate that a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. The guidelines also indicate that efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear exacerbation of back or neck pain and spasm, therefore, the prolonged use of Zanaflex is not justified. The retrospective request for Tizanidine-Zanaflex 4mg # 90, Take one (1) twice daily, is not medically necessary.

BUPRENORPHINE 0.25MG SUBLINGUAL TROCHES #120, TAKE ONE (1) TABLET EVERY SIX (6) HOURS UNDER THE TONGUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26.

Decision rationale: The Chronic Pain Guidelines indicate that Buprenorphine is recommended to treat opiate addiction. There is no evidence or documentation of continuous opioids use. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the prescription of Buprenorphine is not medically necessary.

RETROSPECTIVE REQUEST FOR HYDROCODONE BIT/APAP 10-325MG #30, TAKE ONE (1) TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that the ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The guidelines also indicate that there are four (4) A's for ongoing monitoring. The four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a breakthrough of neck or back pain or acute cervical/lumbar root compression. Therefore, the retrospective request for Hydrocodone bit/APAP 10-325mg #30, Take one (1) twice daily is not medically necessary.