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| Case Number: | CM13-0040676 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 09/06/2011 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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:

Patient is a 33 year old female with a history of injury 9/6/11. She has history of asthma, lumbosacral disc disease with radiculopathy and right shoulder pain. She is reportedly totally disabled with lower back pain and shoulder symptoms. Patient has been on lorazepam, neurontin, naprosyn, vicodin, cymbalta and zantac for unclear amount of time. A request for several meds was denied 10/2/13, and appealed on 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg 2x/day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, sections 9792.20-26 Page(s): 67-68.

Decision rationale: Per MTUS guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with

axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. Regarding 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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) Regarding neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain (Namaka, 2004 & Gore, 2006). The record does not state how long the patient has or will be on the NSAID or the long term goal for prescription. Based on above, it is not certified.

Neurontin 400 mg/8hrs #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, sections 9792.20-26. Page(s): 18-19..

Decision rationale: Based on MTUS guidelines, Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. Based on patient records, this drug remains non-certified.

Zantac 150 mg 2x/day #60: Overturned

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

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: drug health patient safety.2009; 1:47-71.

Decision rationale: A meta analysis of traditional NSAIDs showed that double dosed of H2 receptor blockers (like zantac) are effective at reducing the risk of gastric and duodenal NSAID induced ulcers. Therefore, it is reasonable to use zantac in this patient on naprosyn.

Vicodin 5/300 1 @ bedtime #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, sections 9792.20-26. Page(s): 79-81..

Decision rationale: Per the MTUS guidelines, it states that opioids may be continued if the pt. has returned to work or has improved functioning and pain. A 10/12 note states that the pt is totally disabled. Annals (2007) reported that there is no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain. Based on these guidelines, the UR decision stands.