

Case Number:	CM13-0041848		
Date Assigned:	06/11/2014	Date of Injury:	11/23/2000
Decision Date:	07/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 claimant was injured on 11/23/00. She injured her low back and has a diagnosis of sacroiliitis, intervertebral disc displacement and neuritis/radiculitis. Her medications Norco, OxyContin, and Prilosec are under review. She has chronic neck and low back pain with lumbar radiculopathy. Her pain rating is 9/10. She had a prior epidural steroid injection in October 2011 with 75% improvement. She has been on multiple medications. She saw [REDACTED] on 04/05/13. She reported low back pain at level 9/10 which was gradually worsening over time. She was on several medications. She was in no apparent distress. Physical examination was unremarkable. She had full strength. Physical examination revealed pain to palpation with positive Gaenslen's maneuver bilaterally. She had secondary myofascial pain with triggering and ropey fibrotic banding. Straight leg raise was positive bilaterally. She had radicular complaints and neck pain with headaches. She also had axial low back pain and radiculopathy with sacroiliac joint injury. There was a possibility of deep venous thrombosis in the left calf. She is status post bilateral Sacroiliac joint injections and trochanteric bursal injections in 2008 with no significant benefit. She underwent medial branch blocks of the cervical spine in 2006. She had a recent slip and fall. She was prescribed gental, Inderal, Naprosyn, Norco, omeprazole, OxyContin, and Zanaflex and is permanent and stationary. On 08/21/13, her pain was moderate to severe and worsening and persistent. There was no radiation. Her pain was as bad as level 7/10 over the past month. Her medications included Prilosec, Lyrica, Norco, tizanidine, and OxyContin. She had tenderness of the low back with decreased mobility and muscle spasm. She was diagnosed with lumbar radiculopathy and spondylosis without myelopathy. Her gait was antalgic but she had no motor weakness or sensory loss. Her motor skills and reflexes were normal. The medications have been continued. She reportedly had a past history of an ulcer but nonsteroidal anti-inflammatory drugs (NSAIDs) had been discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20 mg #30 with 3 refills. The California Medical Treatment Utilization Schedule (MTUS) state on p. 102 re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective nonsteroidal anti-inflammatory drugs (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. In this case, there is no documentation of GI conditions or current increased risk to support the use of this medication. The claimant has a past history of an ulcer but has stopped NSAIDs and there are no reports of ongoing gastrointestinal symptoms for which this medication appears to be indicated on an ongoing basis. The medical necessity of this request has not been clearly demonstrated.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco 10/325 mg #120. The California Medical Treatment Utilization Schedule (MTUS) outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, antidepressants, and antineuropathic medications, though she did not tolerate NSAIDs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities

of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear and objective functional improvement has not been described. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.

Oxycontin 40 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, OxyContin 40 mg #90. The California Medical Treatment Utilization Schedule (MTUS) outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, antidepressants, and antineuropathic medications, though she did not tolerate nonsteroidal anti-inflammatory drugs (NSAIDs). MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of OxyContin is unclear and objective functional improvement has not been described. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the ongoing use of OxyContin has not been clearly demonstrated.