

Case Number:	CM13-0042414		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2001
Decision Date:	07/03/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgeon 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 injured worker is a 49-year-old male with an injury reported on 10/01/2001. The mechanism of injury was not provided within the clinical note. The clinical note dated 09/30/2013 reported that the injured worker complained of a constant aching, searing hot pain to his low back that radiated to his left lower extremity. It was reported the injured worker had a recent history of falls. The amount and severity of the falls were not provided. The physical examination revealed the injured worker's range of motion of his lumbar spine demonstrated flexion to 90 degrees and extension to 25 degrees. It was reported the injured worker had a positive straight leg raise to the left. The injured worker's prescribed medication list included Protonix, Norco, Cymbalta, and Lyrica. The injured worker's diagnoses included lumbosacral spondylosis without myelopathy, acquired spondylolisthesis, and displacement of lumbar intervertebral disc without myelopathy. The provider requested Protonix, Lyrica, Norco, Cymbalta, and 1 psychological evaluation for a spinal cord implant clearance; the rationales for the medications were not provided. The injured worker's prior treatments were not provided in the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR PRESCRIPTION OF PROTONIX 40MG, #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The prospective request for prescription of Protonix 40MG, #60 with 5 a is not medically necessary. The injured worker complained of chronic low back pain that radiated to his left lower extremity. The provider's rationale was not indicated in the clinical note. The CA MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used protonix, the guidelines identify increase risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria for any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST FOR PRESCRIPTION OF LYRICA 150MG, #120 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

Decision rationale: The prospective request for prescription of Lyrica 150MG, #120 with 5 refills is non-medically necessary. The injured worker complained of low back pain that radiated to his left lower extremity. The provider's rationale for Lyrica was not provided. The California MTUS Guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post therapeutic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. There is a lack of clinical information provided documenting the efficacy of Lyrica as evidenced by decreased diabetic neuropathy pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 5 refills is excessive for concurrent medical treatment. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST FOR PRESCRIPTION OF NORCO 10/325MG, #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The prospective request for prescription of Norco 10/325MG, #60 with 5 refills is not medically necessary. The injured worker complained of low back pain that radiated to his left lower extremity. The provider's rationale for Norco was not provided. The California MTUS Guidelines Norco/ hydrocodone/acetaminophen are a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize 4 domains that 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. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 5 refills is excessive for concurrent medical treatment. Therefore, the request is non-medically necessary.

PROSPECTIVE REQUEST FOR PRESCRIPTION OF CYMBALTA 60MG, #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The prospective request for prescription of Cymbalta 60MG, #60 with 5 refills is non-medically necessary. The injured worker complained of low back pain that radiated to his left lower extremity. The provider's rationale for Cymbalta was not provided in the clinical documentation. According to the California MTUS Guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). There is a lack of clinical documentation provided documenting the efficacy of Cymbalta as evidenced by decreased neuropathic pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 5 refills is excessive for concurrent medical treatment. Therefore, the request is non-medically necessary.

PROSPECTIVE REQUEST FOR 1 PSYCH EVALUATION FOR SPINAL CORD IMPLANT CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101, 107.

Decision rationale: The prospective request for prescription of Norco 10/325MG, #60 with 5 refills is not medically necessary. The injured worker complained of low back pain that radiated to his left lower extremity. The provider's rationale for Norco was not provided. The California MTUS Guidelines Norco/ hydrocodone/acetaminophen are a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize 4 domains that 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. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 5 refills is excessive for concurrent medical treatment. Therefore, the request is non-medically necessary.