MAXIMUS Federal Services

Case Number:	CM13-0049188		
Date Assigned:	06/09/2014	Date of Injury:	01/10/1999
Decision Date:	08/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 37 year old female with date of injury 1/10/99. The treating physician report dated 10/11/13 indicates that the patient presents for evaluation of a chronic injury that occurred in 12 years previous with no documentation of the mechanism of injury. The patient presents with flaring of lower back pain with pain affecting the left buttock and lateral thigh. The current diagnosis listed is L4-L5 degenerative disc protrusion with left L5 radicular pain. There was no MRI found in the 94 pages of medical records provided. The utilization review report dated 10/30/13 denied the request for lumbar epidural steroid injection based on lack of MRI, lack of dermatomal pain and lack of ortho/neuro testing. The Anaprox, Protonix, Vicodin, Topamax and Ambien were all authorized with modification from an unknown quantity to a one month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Medications for chronic pain Page(s): 22 and 60.

Decision rationale: The patient presents with flaring of lumbar pain with left buttock and left thigh pain. The current request is for Anaprox. In reviewing the treating physician report dated 10/11/13 it states, I dispensed Anaprox 550mg twice daily and Protonix 40mg daily as an anti-inflammatory and stomach protector. MTUS does recommend NSAIDS for first line treatment to reduce pain. The treating physician in this case does not prescribe a quantity of Anaprox dispensed, only the specified dosage. The utilization review report dated 10/30/13 authorized a one month prescription of Anaprox. In this case the patient has been provided with a 30 day supply of Anaprox and the current request is for an unknown quantity. There is no documentation of the quantity and effectiveness of this medication as MTUS page 60 requires. Therefore, the request for Anaprox for unknown quantity is not medically necessary.

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with flaring of lumbar pain with left buttock and left thigh pain. The current request is for Protonix. In reviewing the treating physician report dated 10/11/13 it states, , I dispensed Anaprox 550mg twice daily and Protonix 40mg daily as an anti-inflammatory and stomach protector. The MTUS guidelines recommend Protonix for the treatment of dyspepsia secondary to NSAID therapy. The treating physician in this case does not prescribe a quantity of Protonix dispensed, only the specified dosage. The utilization review report dated 10/30/13 authorized a one month prescription of Protonix. In this case the patient has been provided with a 30 day supply of Protonix despite the fact that there is no documentation of dyspepsia and the current request is for an unknown quantity. This request of an unknown quantity of Protonix is not medically necessary as there is no documentation of dyspepsia, there is no specified amount prescribed and the utilization review physician authorized a one month supply of Protonix.

Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The patient presents with flaring of lumbar pain with left buttock and left thigh pain. The current request is for Vicodin. The treating physician states in the 10/1/13 report, she requires Vicodin 5/325 mg as needed usage for extreme breakthrough pain. She states that particularly 30 pills last her about 1 year. Considering the fact that she had not received authorization for the use of Topamax and Ambien in the past, she has been treating her pain with Vicodin and has run out of it at this point. Continue Topamax 50mg at bedtime and

Ambien 10mg at bedtime. There is no information in the reports provided to indicate the patient's response to Vicodin usage. The MTUS Guidelines do support the usage of Vicodin for the treatment of moderate to moderately severe pain. MTUS requires documentation of the four A's (analgesia, activities of daily life, adverse side effects, and adverse behavior) for patients utilizing opioids. In this case the treating physician has not documented the quantity of Vicodin being prescribed, there is no documentation of the four A's as required by MTUS and the utilization review physician has authorized a one month supply of Vicodin. Therefore, the request for Vicodin is not medically necessary.

Topamax: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Page(s): 21.

Decision rationale: The patient presents with flaring of lumbar pain with left buttock and left thigh pain. The current request is for Topamax. The 10/11/13 treating physician report states, Continue Topamax 50mg at bedtime and Ambien 10mg at bedtime. The MTUS Guidelines recommend Topiramate (Topamax) for neuropathic pain when other anticonvulsants fail. In this case the treating physician does note on 7/28/13 that the patient received a trial of Neurontin which was not effective so she was prescribed Topamax. There is no documentation found to indicate the quantity of Topamax that is being prescribed for this review. The utilization review physician authorized a one month prescription of Topamax on 10/30/13. The treating physician has failed to accurately prescribe the quantity of Topamax needed for this patient. Therefore, the request for Topamax is not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain Procedure Summary, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications chapter.

Decision rationale: The patient presents with flaring of lumbar pain with left buttock and left thigh pain. The current request is for Ambien. The treating physician report dated 10/11/13 states that the patient is to continue taking Ambien 10mg at bedtime and there is no information stating how long the patient has been taking this medication. Review of the reports provided indicates that the patient has been using Ambien since at least 3/19/13. There is no documentation of the patient complaining of difficulty sleeping. Ambien (Zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that Zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The patient has been taking

Zolpidem for longer than six weeks and there is no documentation to support insomnia and there is no quantity provided for this prescription. Therefore, the request for Ambien is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with flaring of lumbar pain with left buttock and left thigh pain. The current request is for lumbar epidural steroid injection. The treating physician report dated 10/11/13 states, Intervention: Lumbar epidural steroid injection is currently not indicated considering her moderate pain level; however, given her previous complete resolution of pain after an epidural steroid injection in 2008, this maybe indicated and appropriate in the future. There is no MRI report provided in the 94 pages of medical records provided. The neurological examination is normal with a positive supine straight leg raise at 60 degrees for left buttock and left thigh pain. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case the physician stated that lumbar ESI is not currently supported, there is no specific level requested, there is no documentation of radiculopathy and there is no diagnostic imaging to corroborate findings of radiculopathy. Therefore, the request for of lumbar ESI is not medically necessary.