

Case Number:	CM13-0055472		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1999
Decision Date:	05/22/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal 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 is a 64-year-old male with a date of injury of 11/1/99, where he fell from a dock and landed on his head and neck. He has had pain issues ever since, and is diagnosed with neck and lower back pain. He has had procedures of a cervical fusion, lumbar laminectomy L2-S1, and bilateral carpal tunnel release. There is mention in the notes of prior physical therapy, but no mention of the response. The notes indicate a chronic, stable regimen of Morphine, Norco, Lexapro, Neurontin, Prilosec, and Laxacin. There is mention of failed trials of two (2) long acting opioids: Oxycontin and Morphine extended release. The notes mention worsening function and increasing pain off medications with documented improvement on the above regimen. The request is made for retrospective for 180 tablets of Norco 10/325 mg, 150 tablets of Neurontin 600 mg, and 60 tablets of Laxacin, and 60 tablets of Omeprazole 20 mg between 10/24/2013 and 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 180 TABLETS OF NORCO 10/325MG BETWEEN 10/24/2013 AND 10/24/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient has been on a chronic, stable regimen for pain control, which includes the requested medication, Norco 10/325. Urine drug testing is done and shows compliance, and no other types of non-prescribed medications used. The documentation states improvement in pain and function on this regimen and there is no significant side effects that are prohibiting the use of the pain regimen. There is proper documentation as to the stability of the regimen and improvement in the pain scores and function on this regimen. No psychosocial aspects are present to suggest abuse or non-compliance. Urine drug testing has been done supporting the proper use of the chronic opioid regimen. The Chronic Pain Guidelines indicate that chronic opioid use is an option for chronic pain. Since the claimant meets criteria in the according to the guidelines and adequate documentation supports this use, the request has been certified.

RETROSPECTIVE REQUEST FOR 150 TABLETS OF NEURONTIN 600MG BETWEEN 10/24/2013 AND 10/24/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs) Page(s): 16-22.

Decision rationale: The patient is on a stable regimen of pain medications, which includes Neurontin as part of the treatment regimen. The Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. There is documentation that the patient has neuropathic pain and is known to have spinal stenosis. Neurontin is felt to be safe and the treatment provider has documented adequate improvement in the pain scores by at least 30% and function on the pain regimen has been provided. Since the patient is stable on the regimen and there is documentation that there is improvement in function and a decrease in pain by at least 30%, the guideline criteria is met as to the use of the anti-epileptic drug, Neurontin, to treat the claimants neuropathic pain. As such, the prior UR decision is reversed as the Neurontin is medically necessary.

RETROSPECTIVE REQUEST FOR 60 TABLETS OF LAXACIN BETWEEN 10/24/2013 AND 10/24/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Based on medical necessity of Norco use and the fact that the claimant is also on Morphine, constipation medication is medically justified. The Chronic Pain Guidelines

indicate that the initiation of such medication may be used in conjunction with the use of opioids. As such, the prior UR decision is reversed and the Laxacin medication is medically necessary.

**RETROSPECTIVE REQUEST FOR 60 TABLETS OF OMEPRAZOLE 20MG
BETWEEN 10/24/2013 AND 10/24/2013: 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, ONLINE EDITION CHAPTER: PAIN PROTON PUMP INHIBITORS (PPIs).

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

Decision rationale: This patient is not on any non-steroidal anti-inflammatory drug (NSAID), and as such, there is not a concern for secondary gastrointestinal (GI) toxicity from the medication regimen that he is provided with. There is no mention in the notes that GI ulceration has been diagnosed in the past. There is no report of a related use of Aspirin. The Chronic Pain Guidelines indicate that risk factors for GI complications, and as such, use of proton pump inhibitors or like medication include age greater than 65, prior peptic ulcer on known history of GI bleeding or peptic ulcer, and chronic use of multiple NSAIDs (including low dose aspirin). As such, the guideline recommendations are not met and the omeprazole is not medically necessary.