

Case Number:	CM13-0057179		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2002
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 and 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 53 year old male with a date of injury of 03/28/2002. The listed diagnoses are low back pain, lumbar and sacral osteoarthritis, sacral radiculitis, ankle pain, osteoarthritis, lower leg, lumbosacral radiculopathy, facet syndrome, chronic pain, reflex sympathetic dystrophy, knee joint pain and knee osteoarthritis. According to report dated 10/14/2013 by [REDACTED], the patient presents with back and right ankle pain. The pain severity is currently in the left more than the right side of the low back. The pain radiates down into the left hip, buttock and lower extremity. Pain is rated as 8/10. Examination revealed exacerbated pain with extension and flexion and palpably tender over the left more than right paraspinal musculature. There was no examination of the right ankle. Report notes the patient improved post recent right lumbar epidural block. Treating physician is requesting a refill of Hydrocodone and start Pantoprazole and Cyclobenzaprine. Patient's medications include Zocor 40mg, Citalopram 20mg for stress and depression, Gabapentin, Hydrocodone 10/325mg for break through pain, naproxen 550mg for inflammation, Pantoprazole for dyspepsia from pain medications, and Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with back and right ankle pain. The treating physician is requesting a refill of Hydrocodone 10/325mg #90 for breakthrough pain. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. According to the medical records, the patient has been prescribed Hydrocodone since 01/16/2013. The reports from 01/16/2013 through 10/14/2013 provide no discussions on how Hydrocodone has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

PANTOPRAZOLE 20 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 68-69.

Decision rationale: This patient presents with back and right ankle pain. The treating physician is requesting a trial of Pantoprazole 20mg #30 for patient's dyspepsia from pain medication. As medical records document, this patient was taking Omeprazole from 01/16/2013 through 09/09/2013 for "heart burns from pain medication." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records show this patient has been on Naproxen since 01/16/2013. The treating physician is prescribing Pantoprazole for patient's dyspepsia. The MTUS states for "treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this patient, the treating physician documents dyspepsia with NSAID use and recommendation is for authorization.

CYCLOBENZAPRINE 7.5 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 64.

Decision rationale: This patient presents with back and right ankle pain. The treating physician is requesting a new prescription of Cyclobenzaprine 7.5 #90. The treating physician is initiating this medication for "spasm." The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." The treating physician is attempting a trial of this medication; however, this request is for #90. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. Furthermore, there were no spasms noted upon the 10/14/2013 examination and the treating physician does not state that this medication is to be used for short-term. The requested Cyclobenzaprine is not medically necessary and recommendation is for denial.