

Case Number:	CM13-0060378		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2008
Decision Date:	04/09/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 physician 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:

This patient is a 26 year-old with a date of injury of 03/10/08. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of neck pain radiating into the arms with weakness and numbness. Review of Systems listed heartburn. Objective findings included tenderness of the cervical spine. Grip strength was 4/5 and sensation was intact. Diagnoses included cervical spine pain with "facet mediated injury." No evidence of disc herniation. Treatment has included stretching, ice, and opioid analgesics for months. She has not had surgery on the cervical spine. A Utilization Review determination was rendered on 11/04/13 recommending non-certification of "Nexium 40mg #30 with 2 refills; Avinza 30mg #60; Carafate suspension #410; Colace 250mg #60 with 3 refills; physical therapy for cervical spine (12 sessions)"

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

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

Decision rationale: Nexium (esomeprazole) is a proton pump inhibitor (PPI) antacid indicated for the treatment of persistent heartburn caused by acid reflux disease. The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. They further note that PPIs should be used at the lowest possible dose for the shortest possible time due to potential side-effects. They also state that a trial of omeprazole (Prilosec) or lansoprazole (Prevacid) is recommended before Nexium therapy. The other PPIs including Protonix and Aciphex are also second-line. There is no documentation of concurrent NSAID therapy. Nexium appears to be used for the purpose of heartburn. There is no documentation that a trial of omeprazole has failed or documentation for the ongoing efficacy of Nexium for the heartburn. Therefore, the medical record does not document the medical necessity for Nexium.

Avinza 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 212, Chronic Pain Treatment Guidelines Opioids; Oral Morphine Page(s): 74-82; 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain

Decision rationale: Avinza is a sustained-release oral formulation of morphine. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines related to on-going treatment of opioids, state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. 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; and there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Guidelines further state that opiate therapy is not recommended beyond two weeks and oral morphine is not recommended as primary treatment for persistent pain. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering, it has been refractory to other medical and psychological treatments; it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with MS Contin has been ongoing and in excess of 16 weeks and long-term therapy is not recommended. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Avinza.

Carafate suspension #410: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Medical Management of GERD in Adults

Decision rationale: Sucralfate (Carafate) is a surface agent that adheres to the mucosal surface protecting from peptic injury. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) do not address Carafate. It has a short duration of action and limited efficacy in acid reflux as compared to proton pump inhibitors and is therefore limited to gastroesophageal reflux in pregnancy. Therefore, there is no documentation for the medical necessity of Carafate.

Colace 250mg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. Therefore, with the long-term use of opioids in this patient, there is documented medical necessity for Colace (docusate).

physical therapy for cervical spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case, the patient has not received prior physical therapy on the neck. However, recommendations are for less than 12 sessions with the recommendation for fading of treatment frequency. Likewise, there is limited documentation for the home therapy component

of this approach. Therefore, the record does not document the medical necessity for 12 sessions of cervical spine physical therapy.