

Case Number:	CM13-0062355		
Date Assigned:	12/30/2013	Date of Injury:	05/04/1995
Decision Date:	04/11/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of May 4, 1995. Thus far, the applicant has been treated with following: Analgesic medications; psychotropic medications; prior multilevel lumbar fusion surgery with subsequent modification; and reported development of derivative issues including reflux and sleep disturbance. In an internal medicine consultation of October 18, 2012, the applicant is described as having ongoing issues with epigastric pain, reflux, and weight loss. Prilosec and Reglan have only been incompletely effective. The applicant denies any rectal bleeding, fever, or chills. He is having ongoing issues with diarrhea. He had an earlier endoscopy in 2002 which revealed hiatal hernia, it is stated. The applicant does have a 15-pack year history of smoking before reportedly quitting in 2008. A CT of the abdomen and pelvis is endorsed to further evaluate the applicant's weight loss. The applicant has lost 50 pounds over a period of several years. The applicant stands 6 feet tall and weighs 162 pounds, it is stated. A CT of the abdomen and pelvis, gastroenterology referral, endoscopy, and colonoscopy are all sought. On November 8, 2013, the applicant presents with persistent neck pain, upper extremity pain, low back pain, depression, anxiety, and sleep disorder. The applicant is having ongoing issues with vomiting. It is stated that the applicant is using Kadian three times a day for baseline pain relief. The applicant is using Nexium for GI symptoms and is using Ambien to ameliorate his sleep disturbance. He is using Effexor, Klonopin, and Seroquel, it is stated. The applicant states that usage of pain medications results in a drop in pain scores from 10/10 to 8/10. It is posited that the applicant's usage of pain medications is ameliorating his ability to perform activities of daily living. In a September 27, 2013 psychology note, the applicant is described as having heightened depressive symptoms, agitations, hopelessness, and a blunted affect. The applicant is verbally abusive. He is asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue/Discontinue Opioids Page(s): 79-80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant has failed to effect successful return to work status by ongoing opioid therapy. The applicant's reduction in pain scores from 10/10 to 8/10 appears marginal to minimal, particularly when viewed in light of his reported difficulty in terms of performing even basic activities of daily living such as ambulating. The applicant is still using a cane to move about. It is further noted that the applicant is reporting ongoing issues with nausea, likely a result of ongoing opioid therapy. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids should be discontinued if an applicant reports continuing pain with the evidence of intolerable adverse effects. In this case, the applicant does not appear to have affected any lasting benefits with opioid therapy and is apparently having adverse effects with the same. Discontinuing Kadian, thus, on balance, appears to be more appropriate than continuing. Accordingly, the request remains not certified, on Independent Medical Review.

NEXIUM 40MG: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is having ongoing issues with dyspepsia, reflux, and/or heartburn, reportedly secondary to longstanding gastroesophageal reflux disease. Ongoing usage of Nexium to combat the same is indicated and appropriate. Therefore, the request is certified.

AMBIEN 10MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Zolpidem

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically on the order of two to six weeks. It is not recommended on the chronic, long-term, or scheduled use for which it is being proposed here. Accordingly, the request remains not certified, on Independent Medical Review.

A CT SCAN OF THE ABDOMEN AND PELVIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Guideline for the Performance of Computer Tomography of the Abdomen and Pelvis

Decision rationale: The MTUS does not address the topic. As noted by the American College of Radiology, indications for abdominal or pelvic CT include evaluation of abdominal pain, flank pain, pelvic pain, evaluation of urinary calculi, evaluation of appendicitis, evaluation of known or suspected abdominal or pelvic masses, evaluation of primary or metastatic malignancies, assessment for tumor recurrence, evaluation of diffuse liver disease, evaluation of abdominal or pelvic trauma, clarification of findings from other imaging studies or laboratory abnormalities, evaluation for small or large bowel obstruction, guidance for interventional therapeutic procedures within the abdomen or pelvis, treatment planning for radiation or chemotherapy purposes, etc. In this case, however, it is not clearly stated precisely what the attending provider suspects here. No clear diagnosis or differential diagnosis was provided. Most of the information on file pertains to the applicant's GI symptoms is suggestive of a diagnosis of gastroesophageal reflux disease, including the applicant's issues with reflux, dyspepsia, GERD, and history of previously endoscopically-confirmed hiatal hernia. Therefore, the request for CT scanning of the abdomen and pelvis is not certified, on Independent Medical Review, owing to the fact that the attending provider did not furnish a clear differential diagnosis and/or state what he was searching for with the test in question.

A CONSULTATION WITH A GASTROENTEROLOGIST FOR ENDOSCOPY AND COLONOSCOPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LD, Vela MF, Guidelines for the diagnosis and management of gastroesophageal reflux disease, in the American Journal of Gastroenterology: 2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1. Decision based on Non-MTUS Citation "Colonoscopy" by Waye et al., and Indications for Endoscopic Evaluation, from the American Society for Gastrointestinal Endoscopy

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead a primary treating provider (PTP) to reconsider the diagnosis and decide whether specialist evaluation is necessary. In this case, the applicant does have longstanding issues with low-grade abdominal pain, nausea, and diarrhea which have persisted despite ongoing usage of a proton pump inhibitor, Nexium. As noted in the Waye article on colonoscopy, specific indications for colonoscopy include bleeding, abdominal pain, constipation, chronic diarrhea, established ulcerative colitis, established Crohn's disease, abnormal radiographs, abnormal sigmoidoscopy, and/or surveillance after polypectomy or cancer resection. In this case, the applicant does have chronic issues with abdominal pain and diarrhea, which coupled with the applicant's age (61), and allegation of weight loss should lead the attending provider to consider further evaluation via colonoscopy. Therefore, the colonoscopy portion of the request is certified. Similarly, the endoscopy portion of the request is likewise medically necessary, medically appropriate, and indicated here. Again, the MTUS does not address the topic. As noted by the American Society of Gastroenterology (ASGE), failure to respond to appropriate antisecretory medical therapy or other clinical signs suggestive of complicated GERD should prompt evaluation with EGD. In this case, the applicant has longstanding issues with reflux, heartburn, and dyspepsia which have proven recalcitrant to a proton-pump inhibitor, Nexium. Further evaluation via endoscopy is indicated, appropriate, and supported by the American Society of Gastrointestinal Endoscopy (ASGE). Therefore, the endoscopy portion of the request is likewise certified. Finally, the consultation itself with Gastroenterology is also indicated. Again, the applicant's longstanding issues with dyspepsia, reflux, heartburn, diarrhea, abdominal pain, etc. should, as suggested on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, lead the attending provider to reconsider the operating diagnosis and pursue a specialist evaluation. For all of the stated reasons, the proposed gastroenterology consultation, endoscopy, and colonoscopy are certified.