

Case Number:	CM13-0065917		
Date Assigned:	01/03/2014	Date of Injury:	07/17/2006
Decision Date:	05/16/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 with a 7/17/06 date of injury. The patient's subjective complaints include low back pain, with radiating left lower extremity pain, and objective findings include flexion at 45 degrees, extension at 15 degrees, grade 4 strength to resisted function, tenderness along the lumbosacral area, and positive sciatic notch. Current diagnoses include discogenic lumbar condition status post foraminotomy and decompression, depression, sleep disorder, anxiety, and sexual dysfunction, and treatment to date has been lumbar decompression, use of a TENS unit, a functional capacity evaluation, and medications, including Norco, Tramadol, and Prilosec since at least 11/13/12. Medical reports state that the patient has not had any liver or kidney testing for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition status post foraminotomy and decompression, depression, sleep disorder, anxiety, and sexual dysfunction. In addition, there is documentation of ongoing treatment with Norco since at least 11/13/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

60 PROTONIX 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20. Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the risk factors for gastrointestinal event includes being over 65 years of age; having a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that proton pump inhibitors (PPIs) such as Protonix may be recommended with documentation of risk factors for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that the PPI is being used as a second-line agent. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition status post foraminotomy and decompression, depression, sleep disorder, anxiety, and sexual dysfunction. In addition, there is documentation of ongoing conservative treatment (including the medications Norco, Tramadol, and Prilosec). However, there is no documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy) and that Protonix is being used as a second-line agent. Therefore, based on guidelines and a review of the evidence, the request for Protonix is not medically necessary

60 NORCO 10/325MG (DATE OF SERVICE: 10/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition status post foraminotomy and decompression, depression, sleep disorder, anxiety, and sexual dysfunction. In addition, there is documentation of ongoing treatment with Norco since at least 11/13/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

20 TEROGIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Terocin patches contain include Lidocaine and Menthol. The MTUS Chronic Pain Medical Treatment Guidelines state that many agents are compounded as monotherapy or in combination for pain control. The guidelines also state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. Finally, the guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since Terocin contains at least one drug (lidocaine) that is not recommended, the request for Terocin patches is not medically necessary.

ONE COMPREHENSIVE METABOLIC PANEL, CBC, US: 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 Page(s): 70,78. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/ency/article/003468.htm

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Guidelines state that a urine drug screen can be recommended with documentation of abuse, addiction, or poor pain control in patient under ongoing opioid treatment. They also state that complete metabolic panels provide information about liver and kidney function. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition status post foraminotomy and decompression, depression, sleep disorder, anxiety, and sexual dysfunction. In addition, there is documentation of conservative treatment (including ongoing treatment with opioids). Since the patient has not had any liver or kidney testing for over a year, and since the patient is on medications, a request for comprehensive metabolic panel, CBC, and UA is medically necessary.

60 PROTONIX 20MG (DATE OF SERVICE: 10/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20. Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the risk factors for gastrointestinal event includes being over 65 years of age; having a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that proton pump inhibitors (PPIs) such as Protonix may be recommended with documentation of risk factors for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that the PPI is being used as a second-line agent. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition status post foraminotomy and decompression, depression, sleep disorder, anxiety, and sexual dysfunction. In addition, there is documentation of ongoing conservative treatment (including the medications Norco, Tramadol, and Prilosec). However, there is no documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy) and that Protonix is being used as a second-line agent. Therefore, based on guidelines and a review of the evidence, the request for Protonix is not medically necessary.

