

Case Number:	CM13-0067988		
Date Assigned:	01/03/2014	Date of Injury:	04/23/2003
Decision Date:	05/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation, 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:

This is a male patient with the date of injury of April 23, 2003. A progress note dated November 4, 2013 identifies subjective complaints of daily and continuous low back pain, ongoing depression and anxiety, sleep difficulty and sleep apnea, and a pain level of 4/10 on a VAS scale. The medications listed include: OxyContin 40 mg, Nexium 40 mg, Viagra 100 mg, Norco 10/325 mg, and Cymbalta 60 mg. Physical examination identifies that the patient has an antalgic gait, a well healed midline and two paramedian lumbar spine incision, globally decreased sensation over the left lower extremity, presence of the dorsalis pedis and posterior tibial pulses, lumbar range of motion that includes flexion at 32°, extension at 12°, left lateral bend at 20°, and right lateral bend at 25°. The physical examination further identifies bilateral knee and ankle reflexes at 2+, hip and knee strength at 5/5, and a negative straight leg raise bilaterally at 90°. Diagnoses include L-1 through S1 disc degeneration and stenosis, status post L1 through S1 fusion dated 5/26/08, status post removal of hardware 4/19/10, left leg numbness, and mild left upper extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SUPERVISED WEIGHT LOSS PROGRAM, NO DURATION INDICATED: 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 Citation: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: ACOEM, California MTUS, and ODG do not contain criteria for the use of a weight loss program. Aetna guidelines state that weight reduction medication or physician supervised weight reduction programs are medically necessary for members who have a documented history of failure to maintain their weight at 20% or less above ideal or at or below a BMI of 27 when certain criteria are met. The criteria include BMI greater than 30, or BMI greater than or equal to 27 and less than 30 with comorbid conditions. Within the documentation available for review, there is no specific documentation indicating that the patient has tried and failed to lose weight. Additionally, there is no indication that the physician has given the patient appropriate specific instruction on how to perform calorie reduction, or any other behavior modification techniques to affect weight loss. Finally, no recent BMI has been included, nor was there a program duration specified. In the absence of clarity regarding those issues, the currently requested weight loss program is not medically necessary.

OXYCONTIN 40MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential close follow-up is recommended, with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The guideline recommendation is such that dosing should not exceed 120 mg oral morphine equivalents per day, except in rare circumstances after a Pain Management consultation. The documentation reviewed revealed that the patient is taking Norco 10/325 6 per day and Oxycontin 40mg 2 per day, totaling an equivalent oral morphine dose of 180mg per day. Within the documentation available for review, there is no documentation regarding side effects, and the patient is currently taking an equivalent oral morphine dose of 180mg per day exceeding the recommendation of 120mg per day or less, with no documentation indicating what extenuating circumstances have required this high dose, and with no evaluation by a Pain Management specialist. Additionally, there is no documentation of improvement in function or pain. In light of the issues listed, the currently requested Oxycontin 40mg #60 is not medically necessary.

NEXIUM 40MG #60: Upheld

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

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

Decision rationale: California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). Finally, the patient's family medicine physician statement indicates that the Nexium is being used for acid reflux, there is no specification how long this symptom has been present, and what medication it might be related to. There is also an inconsistency within the family medicine physician's documentation, in which it is indicated that the acid reflux is secondary to NSAID use, however there is no NSAID listed in the active medication list and within the plan the physician recommends avoiding all NSAIDs. In the absence of clarity regarding those issues, the currently requested Nexium 40mg #60 is not medically necessary.

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential close follow-up is recommended, with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The guideline recommendation is such that dosing should not exceed 120 mg oral morphine equivalents per day, except in rare circumstances after a Pain Management consultation. Furthermore, when using combination opioid products containing acetaminophen, aspirin, or ibuprofen, the dose limiting toxicity may be attributable to acetaminophen, aspirin, or ibuprofen respectively. The maximum amount of acetaminophen should be no more than 4 g/day. The documentation reviewed revealed that the patient is taking Norco 10/325 6 per day and Oxycontin 40mg 2 per day, totaling an equivalent oral morphine dose of 180mg per day. Within the documentation available for review, there is no documentation regarding side effects, and the patient is currently taking an equivalent oral morphine dose of 180mg per day exceeding the recommendation of 120mg per day or less, with no documentation indicating what extenuating circumstances have required this high dose, and with no evaluation by a Pain Management specialist. Additionally, there is no documentation of improvement in function or pain. In light of the issues listed, the currently requested Norco 10/325 #180 is not medically necessary.