

Case Number:	CM13-0070785		
Date Assigned:	01/08/2014	Date of Injury:	11/08/1985
Decision Date:	05/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesia has a subspecialty in Acupuncture and Pain 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 claimant 58 year old female injured worker with date of injury 11/8/85 with related low back pain that radiates down the bilateral legs. Per 11/7/13 progress report "patient notes that she has been caring for her family after a death in the family, she notes that she is able to continue cleaning and doing daily activities with the aid of the medication." She was diagnosed with post lumbar laminectomy syndrome; spinal lumbar degenerative disc disease; lumbar radiculopathy; chronic back pain; and hip bursitis. Computed tomography scan of the lumbar spine dated 4/13/01 documented the following findings: severe deformity of the spine. The bone graft at the lumbosacral junction appeared to be fragmented and there were some small fragments laterally placed at the level of the iliac crest. The foramen on the left was almost non-existent at this level and the foramen on the left at L4-5 was not visualized. The stability of the graft at L5-S1 was very questionable. EMG/NCS dated 6/24/04 documented findings for persistent left peroneal neuropathy, axonal and lumbar post-operative changes. Gastrointestinal Pathology Report (stomach antrum biopsy) dated 11/2/11 documented the following findings: mild chronic gastritis with no activity. Associated reactive epithelial changes, suggestive of erosion. Negative for helicobacter pylori-type organisms and negative for intestinal metaplasia, dysplasia, or malignancy. The documentation submitted for review does not state that physical therapy was utilized. Treatment to date has included epidural injections and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Oxycontin and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, pain relief, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were available in the documentation. It is noted in the documentation that a random urine drug screen was performed on 12/5/13. The documentation states that through the use of medications the injured worker is able to clean and do daily activities. However, since there is no documentation comprehensively addressing functional improvement nor her level of pain with and without medications in the records available for my review, the request is not medically necessary. Additionally, this request for prescription of Oxycontin 3 80mg tablets three times daily represents a morphine equivalent dose of 1080mg, in addition to Norco 10/325 1 tablet three times daily; 1110mg MED. The guidelines recommend that dosing not exceed 120mg MED per day. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 80mg is not medically necessary.

CARISOPRODOL 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29.

Decision rationale: Per MTUS CPMTG page 29, " This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested

that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol 350mg is not medically necessary.

ZEGERID 40MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Zegerid is Omeprazole and sodium bicarbonate in combination used to treat conditions where there is too much acid in the stomach. It is used to treat gastric and duodenal ulcers, erosive esophagitis, and gastroesophageal reflux disease (GERD). The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)". The documentation submitted for review indicates that the injured worker is treated with Celebrex and has a history of gastritis. The request for Zegerid 40mg is medically necessary.