MAXIMUS Federal Services

Case Number:	CM14-0006418		
Date Assigned:	02/07/2014	Date of Injury:	08/22/2008
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/16/2014

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 and Rehabilitation, has a subspecialty in 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 patient is a 40 year old female who sustained an injury on 08/22/2008 while performing heavy weight lifting at work. MRI of the lumbar spine dated 04/04/2012 shows degenerative disc disease with postoperative change and retrolisthesis at L4-L5 without evidence for canal stenosis or neural foraminal narrowing at any level and with minimal clumping of the nerve roots suggested at L4-L5 raising question of arachnoiditis. The patient's medications as of 10/22/2013 include Percocet 10/325 mg, Lyrica 150 mg, Ambien 5 mg, Pamelor 25 mg, Prilosec 20 mg, and Docuprene. UA dated 10/01/2013 shows positive results for Percocet and Pamelor and is consistent. PR2 dated 10/22/2013 indicates the patient presents with complains of right lower extremity numbness and tingling which extends to the foot. She rates her low back pain as 6-7/10. Objective findings on exam reveal the patient is in no acute distress. There is tenderness to palpation of the lumbar paraspinals. The range of motion of the lumbar spine is decreased in all planes. Hyperesthesia right L4 and L5 dermatomes. Straight leg raise is positive on the left at 40 degrees. Slump test is positive on the left; Lasegue positive on the left. The patient is diagnosed with right S1 radiculopathy, status post right L4-5 and L5-S1 MLD, chronic pain, and right sacroiliitis. The treatment and plan includes a request for authorization for a right SI joint injection as well as transforaminal epidural steroid injection right L4, L5 and S1 roots. The patient is instructed to do a home exercise program. She is provided with Lyrica, Percocet, Pamelor, Prilosec, Docuprene, and Ambien. Prior Utilization Review (UR) dated 12/13/2013 states the request for Retro Nortriptyline HCL 25 mg is medically necessary and appropriate based on evidence and clinical findings stating the patient's response to the medication. The request for Docuprine which is to be used for constipation due to the history of opioid use is medically necessary and appropriate. The request for omeprazole is denied as its use is not justified as the patient takes this medication when needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO NORTRIPTYLINE HCL 25MG CAP #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 14-16.

Decision rationale: According to CA MTUS, Anti depressants are recommended for chronic pain as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Nortriptyline is a Tricyclic antidepressant that is recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. The medical records document pain improvement with this medication with no addressed side-effects. Therefore, the requested for Retro Nortriptyline is medically necessary according to the guidelines. The request is medically necessary and appropriate.

RETRO DOCUPRENE 100MG TAB #60: 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 Opioids, Page(s): 75-94.

Decision rationale: According to CA MTUS guidelines, prophylactic medication for constipation due to Opioids administration should be initiated. The medical records document patient taking opioid medication with a consistent opioid-positive urinary analysis. Therefore, the Retro Docuprene 100mg tab #60 is medically necessary. The request is medically necessary and appropriate.

RETRO OMEPRAZOLE 20MG CAP #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

Decision rationale: As per CA MTUS guidelines, Omeprazole is recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The guidelines state criteria to determine if the patient is at risk for gastrointestinal events; "(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)". The medical records do not indicate that the patient is currently administering NSAIDs, or has been through GI bleeding or perforation. Accordingly, the medical necessity of Omeprazole 20mg cap #60 has not been established. The request is nnot medically necessary and appropriate.