

Case Number:	CM14-0008776		
Date Assigned:	02/12/2014	Date of Injury:	02/22/2006
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 53-year-old female injured on February 22, 2006 when she bent over to look through boxes and felt sudden onset of right back pain radiating down into the right buttock and posterior calf. Current diagnoses included lumbar disc disease with radiculitis, degeneration of lumbar disc, lumbar post-laminectomy syndrome, reflex sympathetic dystrophy of lower limb, right lumbar radiculopathy, right L4-5 and L5-S1 discectomy, foraminotomy, laminectomy, and major depressive disorder. Clinical documentation dated January 06, 2014 indicated the injured worker presented with complaints of neck, low back, and bilateral lower extremity pain, status post right L4-5 and L5-S1 laminectomy in 2006. The injured worker rated her pain at 9/10. The injured worker described the pain as tight, burning, and sore radiating from her neck to her upper back with adequate analgesia provided by medications. The injured worker was status post 14 sessions of water therapy and approximately one month of psychological counseling. The injured worker was unable to complete functional restoration program due to transportation issues and was not interested in completing the remaining sessions. Physical examination revealed restricted range of motion of the lumbar spine in all planes with muscle guarding. Physical examination of the cervical spine revealed moderately decreased range of motion in all planes, motor strength 5/5 in bilateral upper extremities, sensation normal along dermatomes to bilateral upper extremities, multiple trigger points across trapezius, rhomboids, supraspinatus muscles with tenderness to palpation with pain radiating out from the site upon pressure, deep tendon reflexes 2+ bilaterally. Current medications included OxyContin ER 10mg twice daily, gabapentin 100mg three tablets once daily, Celebrex 100mg twice daily, omeprazole 20mg twice daily, Senna 8.6mg two tablets once daily, Colace 100mg twice daily, Lidoderm patches 5% once daily, diazepam 10mg twice daily, and Vicodin ES 750mg-7.5mg four times daily. The initial request for gabapentin 100mg #90, Celebrex 100mg #60, omeprazole 20mg #60, Senna 8.6mg

#60, Colace 100mg #60, Lidoderm patches 5% #30, diazepam 10mg #45, and Vicodin ES 750mg-7.5mg #120 was initially non-certified on January 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs), Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Gabapentin (Neurontin®), Page(s): 49.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Gabapentin is for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for gabapentin 100mg, #90, is not medically necessary.

CELEBREX 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 100mg, #60, is not medically necessary.

OMEPRAZOLE ENTERIC COATED 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: According to the Official Disability Guidelines proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole Enteric Coated 20MG #60 is not medically necessary.

SENNA 8.6MG #60: Upheld

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 Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. There is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for Senna 8.6MG #60 is not medically necessary.

COLACE 100MG #60: Upheld

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, criteria for use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. There is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, there is no documentation of symptoms associated with constipation necessitating pharmaceutical intervention. As such, the request for Colace 100mg #60 is not medically necessary.

LIDODERM PATCHES 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM (LIDOCAINE PATCH), 56-57

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics, Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. There is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, there is no documentation of symptoms associated with constipation necessitating pharmaceutical intervention. As such, the request for Colace 100mg #60 is not medically necessary.

DIAZEPAM 10MG #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative, hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the 4 week treatment window. As such, the request for Diazepam 10MG #45 is not medically necessary at this time.

VICODIN ES 7.5/750MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker reported elevated pain scores with the use of narcotic medications indicating a lack of medication efficacy. Additionally, given the opportunity, the injured worker chose to not complete the prescribed functional improvement program (FRP). As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Vicodin ES 7.5/750mg #120 is not medically necessary at this time.