

Case Number:	CM14-0100259		
Date Assigned:	09/16/2014	Date of Injury:	04/12/2014
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopedic Surgery 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 62-year-old male security guard who sustained an industrial injury on 4/12/14 relative to a slip and fall onto both knees. Injury was reported to the low back and bilateral knees. Past medical history was positive for hypertension treated with medications. The 5/20/14 initial treating physician report cited constant low back pain radiating down the posterior left leg and bilateral knee pain. Pain worsened with ambulation. The injured worker was taking Hydrocodone/acetaminophen, Tramadol, Ibuprofen, and Cyclobenzaprine. Medications slightly reduced pain. Physical exam documented mid to lower lumbar tenderness, exquisite tenderness over the right paraspinal muscle at the lumbosacral junction, and limited range of motion. Bilateral knee exam documented exquisite tenderness over the medial and lateral joint lines on the left, pain over the tibial plateaus, and positive compression test. The treatment plan prescribed Gabapentin for neurologic pain, Hydrocodone/acetaminophen for occasional severe pain, Relafen as an anti-inflammatory, Norflex for muscle spasms, and Protonix for prevention of gastritis. The 6/3/14 treating physician report cited continued lower back pain radiating along the bilateral posterior thighs and bilateral knee pain. Left posterior thigh cramping was reported. Medication and physical therapy had not provided any relief. He was using a cane for ambulation. Current medications included Norco for severe pain up to 3 times daily, Pantoprazole once daily, and Gabapentin at night. Benefit was noted with medications. The treatment plan prescribed Hydrocodone/ acetaminophen 5/325 mg #90, Nabumetone 500 mg #90, Pantoprazole 20 mg #60, a left knee and lumbar magnetic resonance imaging scan, and physical therapy for the lower back. The injured worker remained precluded from usual and customary work duties. The 6/24/14 utilization review partially certified Gabapentin 500 mg for #60 and Hydrocodone/acetaminophen 5/325 mg for #60 to allow opportunity for documentation of medication efficacy consistent with guidelines or downward titration. Nabumetone extended

release 100 mg was partially certified for a one month supply with evidence of measurable subjective and/or functional benefit required for continuation. The request for Orphenadrine extended release 100 mg was partially certified for #20 to initiate downward titration as long term use was not supported. The request for Pantoprazole 20 mg #60 was denied as there was no documentation of a failed trial of a first-line proton pump inhibitor consistent with guidelines. The 7/1/14 treating physician report stated that the injured worker felt medications were helpful. Complaint of heartburn was noted in the review of systems. Pain was reported as severe and function limiting. Left knee magnetic resonance imaging scan was positive for a flap tear in the posterior horn of the medial meniscus with extrusion and moderately advanced compartmental arthrosis with broad full thickness chondral loss at the posterior medial tibial plateau and grade 3-4 chondral loss at the medial femoral condyle. Lumbar magnetic resonance imaging scan showed multilevel disc bulges with severe central canal narrowing at L2/3, L3/4, and L4/5 contacting the exiting left L4 nerve root. Orthopedic surgical consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Proton pump inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors, such as Pantoprazole, for workers at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs. Proton pump inhibitors are reported highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs. The Official Disability Guidelines recommend Pantoprazole as a second-line medication if a trial of omeprazole is not effective. Guideline criteria for use of Pantoprazole have not been met. The injured worker is reported as using multiple non-steroidal anti-inflammatory drugs (both ibuprofen and Relafen) which meets guideline risk factors for gastrointestinal events and supports the use of a proton pump inhibitor. However, there is no documentation that a trial of omeprazole had failed. There is no compelling reason to support the medical necessity of Pantoprazole over omeprazole for gastritis prevention in the absence of guideline support. Therefore, this request for is not medically necessary.

Gabapentin 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC): Gabapentin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 49.

Decision rationale: The Medical Treatment Utilization Schedule recommends the use of Gabapentin as a first line treatment for neuropathic pain. Guidelines indicate a "moderate" response to the use of anti-epilepsy drugs, such as Gabapentin, is a 30% reduction in pain. Guideline criteria have not been met. There is no specific documentation of a subjective or functional benefit associated with the use on-going Gabapentin. The 6/24/14 utilization review partially certified additional Gabapentin 500 mg for #60 to allow the provider an opportunity to document medication efficacy as required by guidelines. Such documentation has not been provided. There is no compelling reason to support additional medication certification at this time. Therefore, this request is not medically necessary.

Hydrocodone/APAP 5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC): Hydrocodone/APAP 5/325mg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the workers decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for the use of this medication in the absence of required documentation. There is no specific subjective or functional benefit documented with the use of this medication. The 6/24/14 utilization review partially certified Hydrocodone/ acetaminophen 5/325 mg for #60 to allow an opportunity for documentation of medication efficacy consistent with guidelines or to begin downward titration if needed. There is no specific subjective or objective functional benefit documented relative to the use of this medication. Therefore, this request is not medically necessary.

Nabumetone ER 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC): Formulary.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support the use of Nabumetone (Relafen) for the treatment of osteoarthritis. Guidelines state there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain. In general, guidelines support the use of non-steroidal anti-inflammatory drugs at the lowest effective dose for the shortest duration of time consistent with the individual worker treatment goals. The 6/24/14 utilization review partially certified for a one month supply of Nabumetone extended release 100 mg with statement and indicated that evidence of measurable subjective and/or functional benefit would be required for continued use beyond one month. There is no compelling reason to support the medical necessity of medication beyond that already certified in the absence of documented measurable subjective and/or objective functional improvement. Therefore, this request is not medically necessary.

Orphenadrine ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment of Workers Compensation (TWC): Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Orphenadrine is a non-sedating muscle relaxant categorized as an anti-spasmodic with anticholinergic effects. In general, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in workers with chronic low back pain. Guidelines state that the efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guidelines state that Norflex has been reported in case studies to be abused for euphoria and to have mood elevating effects. Guideline criteria have not been met. The 6/24/14 utilization review partially certified the request for Orphenadrine extended release 100 mg for #20 to initiate downward titration as long term use was not supported. There is no compelling reason presented to support continued use of this medication in the absence of specific subjective or functional benefit. Therefore, this request is not medically necessary.