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| Case Number: | CM14-0103067 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/27/2008 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 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:

The injured worker is a 39 year old male who had a work related injury on 09/27/2008. The mechanism of injury is not documented. The injured worker has undergone revision of his lumbar interbody fusion at L4-5 and L5-S1 in 2013. He continued to complain of lower back and leg pain. He followed up with the surgeon on 04/16/14 and further surgical intervention was not recommended. He did undergo a spinal cord stimulator trial on 05/29/14 and reported 80% pain relief with the ability to significantly increase his activity level, do more chores around the house and improve his ADLs overall. He decreased his medication use by approximately 50% while spinal cord stimulator was on and noticed his pain immediately returned when he turned it off. He did activities outside, such as gardening and was very pleased with the results. He remains on current oral analgesic medication which includes Norco 10/325 6-8 tablets a day along with Anaprox DS 550 mg, Prilosec 20 mg. He is taking Fexmid especially at night and Neurontin. He is also taking Doral 15 mg 1 qhs. Physical examination reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. He has decreased range of motion with obvious muscle guarding. Flexion is 45 degrees. Extension is 15 degrees. Bilateral lateral bending is 20 degrees. Patellar reflexes are 2/4 bilaterally. Achilles tendon reflexes are 1/4 bilaterally. Knee flexion, knee extension, ankle flexion, ankle extension and great toe extension bilaterally is rated 5-/5. Sensory exam with Wartenberg pinwheel is decreased along the posterolateral thigh and posterolateral calf bilaterally in approximately the L5-S1 distribution. Straight leg raise in a modified sitting position is positive at 60 degrees. Diagnoses; Grade I spondylolisthesis L5 on S1 with radiculopathy to the lower extremities. Status post PLIF at L4-5 and L5-S1. He has status post removal of hardware with repair of pseudoarthrosis L4-5 and lumbar fusion revision for pseudoarthrosis and fracture of S1 pedicle screw. Medication induced

gastritis. Lumbar spinal cord stimulator trial May of 2014. Prior utilization review dated 06/09/14 was denied. In review of the medical records prior to 06/02/14, there is no documentation of functional improvement on the medication. No visual analog scale (VAS) scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg, qty 240, DOS 05/16/14: 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): 74-80.

Decision rationale: The current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician therefore Retrospective request for Norco 10/325mg, #240, DOS 05/16/14 is not medically necessary.

Retrospective request for Prilosec 20mg, qty 60, DOS 05/16/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 05/15/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: The documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20mg #60 is recommended as medically necessary.

Retrospective request for Fexmid 7.5mg, qty 60, DOS 05/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity Drugs, Antispasmodics, Antispasticity/Antispasmodic Drugs; Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure

Summary (Updated 05/15/14), Antispasticity Drugs, Antispasmodics, Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request for Retrospective request for Fexmid 7.5mg, #60, DOS 05/16/14 is not medically necessary.

Retrospective request for Doral 15mg, qty 30, DOS 05/16/14: Upheld

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

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

Decision rationale: As noted on page 24 of 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 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request Retrospective request for Doral 15mg, #30, DOS 05/16/14 is not medically necessary.

Retrospective request for Neurotin 300mg, qty 90, DOS 05/16/14: Overturned

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

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

Decision rationale: The current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the continued use of Gabapentin is medically necessary.