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| Case Number: | CM14-0103746 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 05/12/2008 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Occupational 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:

This is a 55-year-old female with a date of injury of 5/12/08. The mechanism of injury was not noted. On 5/12/14, she complained of pain in her lower back that radiates down to bilateral lower extremities. She relies on the lumbar spinal cord stimulator (SCS), which was implanted on 2/3/14. It is providing 50% pain relief to her lower back as well as radicular symptoms to her lower extremities. She remains on her current oral analgesic medications, which include Norco 10/325mg 6-7 tablets/day, Anaprox DS 550mg 1-2 tablets/day, Neurontin 600mg 3-4 /day, Fexmid 7.5mg, Prozac and Prilosec. Objective findings: exam of the posterior lumbar musculature reveals tenderness to palpation bilaterally, restricted range of motion, and radicular pain to both lower extremities. The diagnostic impression is L4-5 herniated disc with bilateral lower extremity radiculopathy, SCS permanent implantation. Treatment to date: surgery, SCS implantation, physical therapy, chiropractic therapy, medication management. A UR decision dated 6/10/14, denied the requests for retro date of service of 5/12/14, for Anaprox DS 550mg #60, Prilosec 20mg #60, and Norco 10/325mg #240. The Anaprox DS was denied because the patient's response to prior use was not objectively evaluated in terms of improvement with pain scores. Evidence that intake results to significant pain relief was not presented. In the absence of this, the medical necessity of continued use and the requested 60 tablets of Anaprox DS are not established. Consequently, the medical necessity of 60 tablets of Prilosec 20mg is also not established. The request for Norco was denied because the response to prior intake in terms of improvement with pain scores as well as specific functional progress was not reported. Also, evidence that she has good compliance with this medication regiment in form of recent urine drug screens was not presented as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Selective NSAIDs: Anaprox.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, although it is documented that the patient needs all of her medications in order to "function", there is no clear description of functional improvement directly related to the use of Anaprox DS. In addition, the patient had a spinal cord stimulator implanted on 2/3/14, with 50% improvement of her symptoms, but no reduction in her medication usage. Therefore the retrospective request for Anaprox DS 550mg #60, dated 5/12/14 was not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk: Proton Pump Inhibitors (PPIs): Prilosec. Decision based on Non-MTUS Citation Donnellan, 2010; Shi, 2008; AHRQ, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterFDA Omeprazole.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, although the use of Prilosec is supported by guidelines with the chronic use of NSAIDs, Anaprox DS was non-certified at this time, and therefore, the use of Prilosec is also not supported by guidelines in this setting. Therefore, the retrospective request for Prilosec 20mg #60, dated 5/12/14, was not medically necessary.

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list: Norco. Decision based on Non-MTUS Citation Passik, 2000; California, 1994; Weaver, 2002.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, although it is documented that the patient needs all of her medications in order to "function", there is no clear description of functional improvement directly related to the Norco nor is there evidence of analgesia from the opiate regimen. In addition, the patient is noted to have a recent spinal cord stimulator with 50% improvement of her symptoms, but there is no evidence of reduction of her dosage of medications, and in fact, has increased her Norco to 8 tablets a day, or 240 tablets per month. Therefore, the retrospective request for Norco 10/325mg #240, dated 5/12/14, was not medically necessary.