

Case Number:	CM14-0105013		
Date Assigned:	07/30/2014	Date of Injury:	07/28/2005
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 Tennessee. 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 38 year old patient had a date of injury on 7/28/2005. The mechanism of injury was lifting a large roll of roof paper with a co-worker who lost his grip. The claimant had to bear the brunt of the weight of the paper. In a progress noted dated 5/30/2014, subjective findings included 10/10 pain down to a 5/10 pain with medications. The medications help him walk for exercise, interact with his children, and carry out activities of daily living. On a physical exam dated 5/30/2014, objective findings included tenderness to lumbar paraspinal muscles. He is ambulating slowly with the cane, and has significant decreased range of motion on all phases at lumbar spine. Diagnostic impression shows status post lumbar hardware removal on 3/12/2010, depression due to pain, s/p spinal cord stimulation trial. Treatment to date includes medication therapy, behavioral modification, and spinal cord stimulator. A UR decision dated 6/25/2014 denied the request for Prilosec 20mg #120, stating there is no indicated diagnosis and criteria delineated are not met. Norco 10/325mg #360, stating the quantity request does not match dosing directed and that modification to 180 would be appropriate. Colace 100mg #260 was denied, stating conformity to dosing direction would be #120. Tizanidine 4mg #240 was denied without providing a rationale. Neurontin 600mg #540 was denied, stating that conformity to dosing direction would be #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk.

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

Decision rationale: 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. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the reports viewed, there was no documentation of NSAID use or gastrointestinal complaints. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

Norco 10/325 mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

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

Decision rationale: The California 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. In a progress report dated 5/30/2014, the patient's pain is noted to be well controlled with medications, from 10/10 to 5/10 with medication. No rationale was provided as to why the opioid dose needs to be doubled to Norco#360 when the pain was well controlled with Norco#180. Therefore, the request for Norco 10/325 #360 is not medically necessary.

Colace 100mg #260: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lamb, Blair, and Grand Fairley. Therapy for Constipation. Singh, Siddharth, and Satish SC Rao. "Pharmacologic management of chronic constipation." Gastroenterology Clinics of North America 39.3 (2010) 509-527.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation FDA: Sodium Docusate.

Decision rationale: The California MTUS state that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. The

California MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. No rationale was provided as to why the quantity of Colace needs to be increased to #260 when previously on Colace #120. Furthermore, there was no discussion regarding the effectiveness of Colace in controlling this patient's constipation. Therefore, the request for Colace #260 is not medically necessary.

Tizanidine 4mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In a progress report dated 5/30/2014, it was noted that this this medication is prescribed four times a day for flares. However, Tizanidine is indicated for short term use, and there was no justification provided regarding a 2 month supply. Therefore, the request for Tizanidine 4mg #240 is not medically necessary.

Neurontin 600mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18. Decision based on Non-MTUS Citation FDA: Neurontin.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In a progress report dated 4/4/2014, the patient was prescribed Neurontin 600mg 2tid. The quantity of #540 exceeds the indicated dose for this patient. No rationale was provided as to why the dose and quantity needs to be increased if the pain was well controlled in a progress report dated 5/30/2014. Therefore, the request for Neurontin 600mg #540 is not medically necessary.