MAXIMUS Federal Services

Case Number:	CM14-0106519		
Date Assigned:	09/24/2014	Date of Injury:	06/16/1991
Decision Date:	10/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation, 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 65 year-old male with a 6/15/91 date of injury. The patient was seen on 6/10/14 with complaints of low back pain radiating to the buttocks. Exam finings revealed paraspinal tenderness at L3-S1 (overlying the facet joints), SI joints, and C-spine. Decreased ranges of motion in the L and C spines were noted, as well as a positive Gaenslens and Patrick's tests. It was noted that the patient had a rhizotomy of the SI joint in May 2013, which apparently provided 50% relief. The patient was noted to be on Lorazepam, Wellbutrin, Oxycontin, Dilaudid, Pantoprazole (Protonix), Trazadone, and Nuvigil. The patient's Oxycontin was to be discontinued, and the Dilaudid was noted to decrease pain and improve ADL's by 60%. The patient apparently had a prior trigger point injection to the C-spine, which resulted in a 50 percent decrease in pain and improved cervical range of motion. The patient was also provided with Opana 20 mg BID and Protonix 40 mg daily with no refills. An appeal letter dated 7/3/14 stated that the patient's Opana 20 mg PO BID decreased her pain by 60% and improved ADL's 60%. The patient was still noted to be on her Dilaudid at 4 mg BID. The letter also stated that the patient's Protonix controls her GERD by 100%, as well as denoted that the patient 's exam findings included trapezial tenderness and circumscribed trigger points, which have not responded to conservative measures. The diagnosis is GERD, s/p lumbar discectomy and laminectomy, C-spine disc protrusion with radiculopathy and facet joint arthropathy.Treatment to date: medications, SCS, lumbar discectomy and laminectomy, rhizotomy of the SI joint An adverse determination was received on 6/20/14. With regard the request for Opana, the request was modified from #60 to #30 given the patient's current MED was over 120 and there was no history of efficacy. With regard to the Protonix, the request was denied given there was no evidence of a GI disorder or chronic NSAID use. The trigger point injections were denied, as there was no diagnosis of myofascial syndrome or physical findings of trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. The Opana would place this patient's MED at 152, which places the patient at risk for an adverse drug reaction such as respiratory or death. This patient was noted to be on Dilaudid 4 mg PO BID in June 2014 with a 60% reduction in pain and improvement in ADL's, her Oxycontin was discontinued and Opana was started, of which the requesting physician stated in his appeal letter also provided the patient with 60% reduction in pain and improvement in ADL's. As the patient's MED is at 152, and both the Dilaudid and Opana seem to reduce the patient's pain by 60% each, it is unclear which medication is providing the most pain relief. Therefore, the request was not medically necessary.

Protonix 40mg #30 w/ 4 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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. Protonix is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. This patient has been on this medication since at least 12/11/13 and has a diagnosis of GERD. However, there is a lack of documentation regarding when the patient was diagnosed with GERD, and there is no indication that the patient has been off this medication since last year for her GERD symptoms to be reassessed, as the patient may no longer 40mg daily to control her symptoms. In addition, it is unclear why 4 refills are necessary as she is on multiple narcotic pain medications and the records indicate she is being seen on at least a monthly basis. Therefore, the request for Protonix 40 mg daily was not medically necessary.

Cervical spine trigger injection outpatient: Overturned

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 Trigger Point Injections Page(s): 122.

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the appeal letter, the requesting physician states that the patient has trapezial tenderness and palpable circumscribed trigger points in the neck for more than 3 months, and has failed conservative measures. In addition, the patient apparently had had the procedure in the past resulting in a 50% pain reduction for 9 months. Therefore, the request for cervical spine trigger injection outpatient was medically necessary.