MAXIMUS Federal Services

Case Number:	CM14-0121598		
Date Assigned:	08/06/2014	Date of Injury:	08/28/2000
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The patient is a 68 year old female who was injured on 08/20/2000. The mechanism of injury is unknown. Prior medication history included Exalgo Er, Linzess, Flector patch, Lyrica, and Tyelonol Codeine #3 as of 02/06/2014. Prior treatment history has included transforaminal epidural steroid injection therapy at left l2/3 and L3/4. MRI of the lumbar spine dated 01/24/2014 revealed impingement potential is substantial at L2-3 where there is apparent residual/recurrent 6-7 mm left posterolateral disc herniation with osteophytic ridging resulting in moderate left lateral recess stenosis sufficient to produced symptomatic impingement; At both L1-2 and L3-4 , there is mild-to-moderate bilateral stenosis of the lateral recess due to 3 mm broad based posterior disc protrusion and opposing mild to moderate bilateral ligamentous thickening and facet arthropathy; mild to moderate bilateral foraminal narrowing is shown at L5-S1 due to moderate-to-marked disc height reduction and left greater than right superior facet hypertrophy. Progress report dated 06/26/2014 indicates the patient presented with complaints of low back pain radiating down the posterior aspect of the left leg into the toes and she also has a history of left shoulder pain. She reported increased pain with ambulation and utilizing a cane for assistanct. She noted her pain to rate a 4/10. She noted poor sleep quality due to the painbut no sleep aid is noted. Objective findings on exam revealed severe neuropathic pain to left lower extremity and epidural fibrosis. Transitioning from a sitting position to a standing position is painful for her. AROM of the lumbar spine is limited still. Diagnoses are postlaminect syndrome lumbar region; spasm of the muscle; thoracic/lumbosacral neuritis/radiculitis; unspecified myalgia and myosisitis; spinal stenosis of the lumbar region and lumbago. The patient was instructed to continue with her medications including Tyelonol #3, Prilosec 20 mg, and Flector patch. Prior utilization review dated 07/22/2014 by Dr. [redacted] states the request for Tylenol #3 1 po qid prn #120 is denied as medical necessity has not been established; Flector

Patch qd #30 is denied as it is not recommended as a first line treatment; Prilosec 20mg qd #30 is denied as there is no documented increased risk of GI dysfunction, confounding medical issue or GI issue that necessitate the use of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 1 po qid prn #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guide Hydrocodone/APAP; CA MTUS Chronic Pain Guide and Vicodin: Hydrocodone/Acetaminophen Page(s): 82 - 2-8 & page 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids (Acetaminophen/Hydrocodone).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. However, weaning of codeine in Tylenol 3 is needed to avoid withdrawal symptoms. Therefore, the medical necessity of Tylenol 3 is established. I am reversing the prior UR decision.

Flector Patch qd #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA ACOEM guidelines; Chapter 3; pages 46 - 48, second edition Topical NSAIDsFinal Determination ODG : Pain: NSAIDSs Back Pain - Acute low back pain & acute exacerbations of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical record does not document that this patient's neuropathic pain has failed trials of oral antidepressants and anticonvulsants. In addition, the medical record did not document that the

patient cannot tolerate oral NSAID. Therefore, the medical necessity of Flector Patch is not established.

Prilosec 20mg qd #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; PPI (Proton Pump Inhibitor) Page(s): 68. Decision based on Non-MTUS Citation ODG; Pain Chapter; Prilosec; PPI (Proton Pump Inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-69.

Decision rationale: The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This patient is over 65 years of age and at significant risk for GI events. Omeprazole is medically indicated.

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