

Case Number:	CM14-0137096		
Date Assigned:	09/05/2014	Date of Injury:	05/18/2011
Decision Date:	11/05/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 is a 31-year-old male with a 5/18/11 date of injury, when he sustained injuries to his lower back. The patient was seen on 7/9/14 with complaints of 8/10 low back pain and leg pain. The patient received lumbar epidural injections with benefits. Exam findings of the lumbar spine revealed severe tenderness over the L5-S1 area, restricted range of motion to 50% and positive straight leg raising test bilaterally. The motor strength was 5/5 in all major muscle groups in the bilateral lower extremities, DTRs were 2+ and there was hypoesthesia over the calves. The diagnosis is chronic myofascial pain, lumbar radiculopathy, and lumbar degenerative disc disease. Treatment to date: lumbar epidural steroid injections, work restrictions, medications, ice/heat, and home exercise program. An adverse determination was received on 7/28/14 for a lack of functional benefit or pain reduction; lack of diagnosis of gastroesophageal reflux; lack of documentation supporting the use of Relafen for recent exacerbation of the chronic pain. The requests for Norco and Ultram were approved to start a weaning process for lack of functional benefit or pain reduction and lack of recent urinary drug test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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. The progress notes indicated that the patient was utilizing Norco at least from 2/11/14 however, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued functional benefit, there was no opioid contact on the file and the recent urine drug screen test was not available for the review. In addition, the UR decision dated 7/28/14 certified Norco 10/325 #180 for weaning purposes. Therefore, the request for Norco 10/325 #180 was not medically necessary.

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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. The progress notes indicated that the patient was utilizing Ultram at least from 2/11/14 however, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued functional benefit, there was no opioid contact on the file and the recent urine drug screen test was not available for the review. In addition, the UR decision dated 7/28/14 certified Ultram 50mg #90 for weaning purposes. Therefore, the request for Ultram 50mg #90 was not medically necessary.

Pamelor 25mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Antidepressants)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility

for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. There is no rationale with regards to the necessity for Pamelor treatment for the patient. Therefore, the request for Pamelor 25mg #30 was not medically necessary.

Pepcid 40mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter, Proton Pump Inhibitors

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Pepcid)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Pepcid is a Histamine H2 receptor antagonist and is indicated for the short-term treatment of active duodenal ulcer (endoscopically or radio-graphically confirmed); maintenance of healing and reduction in recurrence of duodenal ulcer; pathologic GI Hypersecretory Conditions; treatment of Zollinger-Ellison syndrome, multiple endocrine adenomas; short-term treatment of active benign gastric ulcer; gastroesophageal Reflux (GERD); short-term treatment of symptomatic GERD; short-term treatment of esophagitis, including erosions or ulcers (endoscopically diagnosed) in patients with GERD; self-medication as initial therapy for less severe symptomatic GERD; short-term self-medication for relief of heartburn symptoms; and short-term self-medication for prevention of heartburn symptoms associated with acid indigestion and sour stomach brought on by ingestion of certain foods and beverages. However, there remains no report of gastrointestinal complaints in the most recent medical report made available. In addition, there is no rationale with regards to the necessity for Pepcid for the patient. Therefore, the request for Pepcid 40mg #30 was not medically necessary.

Relafen 500mg, #60: Upheld

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

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. The progress notes indicated that the patient was utilizing NSAIDs at least from 4/2/14; however there is a lack of documentation indicating objective functional gains from the treatment. In addition, the patient

was utilizing also opioids and it is not clear if his pain relief was due to the opioids or NSAIDS. Lastly, there is no rationale with clearly specified goals with Relafen treatment. Therefore, the request for Relafen 500mg #60 was not medically necessary.