MAXIMUS Federal Services

Case Number:	CM14-0141977		
Date Assigned:	10/13/2014	Date of Injury:	03/02/2009
Decision Date:	11/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old male with an injury date of 03/02/09. Based on the 07/31/14 progress report, the patient complains of neck pain which radiates down his bilateral extremities. The patient also has lower back pain which radiates down the bilateral lower extremities. He rates his pain as a 7/10 with medications and a 10/10 without medications. He has GERD, nausea, and moderate constipation. He has limitations in self-care and hygiene, activity, ambulation, hand function, and sleep. The patient has right inguinal tenderness, cervical spine vertebral tenderness at C5-7, thoracic spine vertebral tenderness at T5-9, and lumbar spine vertebral tenderness at L4-S1. Both the cervical and lumbar spine range of motion is decreased due to pain. The patient's diagnoses include cervical radiculopathy; lumbar facet arthropathy; lumbar radiculopathy; ilioinguinal neuralgia; diabetes mellitus; erectile dysfunction; gastroesophageal reflux disorder (GERD); medication related dyspepsia; obstructive sleep apnea; chronic pain, other; thoracic spine herniated nucleus pulposus; chronic nausea/vomiting; rule out inguinal hernia; and adjustment disorder with mixed anxiety and depressed mood. The utilization review determination being challenged is dated 08/11/14. Treatment reports were provided from 03/03/14 - 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: According to the 07/31/14 report, the patient presents with neck pain which radiates down his bilateral extremities and lower back pain which radiates down the bilateral lower extremities. The request is for Gabapentin 300 mg #60 to reduce chronic neuropathic symptoms. For Gabapentin, MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function...combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." MTUS page 60 requires documentation of pain and function with use of medications for chronic pain. The 04/08/14, 05/06/14, 06/05/14, and 07/31/14 reports all state that the patient has "50% relief from neuropathic pain with use of Gabapentin. Beneficial with intended effect at prescribed dose." The provider has provided documentation of efficacy. Therefore, this request is medically necessary.

Ambien 10 MG #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 (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The request is for Ambien 10 mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, Official Disability Guidelines states that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Official Disability Guidelines does not recommend long-term use of this medication. The patient has been taking Ambien as early as 04/08/14 which exceeds Official Disability Guidelines recommendations. Therefore, this request is not medically necessary.

Metformin 500mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Metformin, Diabetic medication

Decision rationale: The request is for Metformin 500 mg #60 to assist management of elevated blood sugar. Official Disability Guidelines state that Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. The 07/31/14 report states that "this

patient has type II diabetes and has recently received for anti-inflammatory corticosteroids in the treatment of their chronic pain condition. A recognized side effect of corticosteroid administration is elevated blood sugar. Dietary and exercise counseling has been provided." In this case, the patient has been using Metformin to control his diabetes. Therefore, this request is medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids, Criteria For Use Of Opioids Page(s).

Decision rationale: The request is for Norco 10/325 mg #120. The 07/31/14 report states that "The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects. The patient has been compliant with medication use and a 'pain contract' is on file." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Although the provider states that the patient rates his pain as a 7/10 with medications and a 10/10 without medications, there are no discussions provided specific ADLs. Due to lack of documentation, the request is not medically necessary.

Senokot 8.6-50 #60: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the 07/31/14 report, the patient presents with neck pain which radiates down his bilateral extremities and lower back pain which radiates down the bilateral lower extremities. The request is for Senokot 8.6 - 5.0 #60. The MTUS guidelines page 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long term basis, specifically Norco and Tramadol since at least 04/08/2014. The requested Senokot is medically necessary.

Pantoprazole 20 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, Proton pump inhibitors (PPIs)

Decision rationale: The request is for Pantoprazole 20 mg #60. The 04/08/14, 05/06/14, 06/05/14/ and 07/31/14 report all state that Pantoprazole is "beneficial with intended effect at prescribed dose." The patient is currently taking Ambien, Gabapentin, Metformin HCl, Norco, Ondansetron HCl, Pantoprazole Sod Dr, Senokot, Tizanidine, Tramadol HCl, and Vitamin D. MTUS supports the usage of proton-pump inhibitors (PPIs) for gastric side effects due to NSAID use. Official Disability Guidelines also states that PPIs are recommended for patients at risk of gastrointestinal events. In this case, the provider diagnoses the patient with GERD. Therefore, this request is medically necessary.

Tizanidine 2 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66, 60, 61.

Decision rationale: According to the 07/31/14 report, the patient presents with neck pain which radiates down his bilateral extremities and lower back pain which radiates down the bilateral lower extremities. The request is for Tizanidine 2 mg #60. The patient has been taking this medication as early as 04/08/14. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. There is no documentation of functional improvement or decrease in pain with taking this medication. Therefore, this request is not medically necessary.

Tramadol 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The request is for Tramadol 100 mg #30. The 07/31/14 report states that "The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects. The patient has been compliant with medication use and a 'pain contract' is on file." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each

visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Although the provider states that the patient rates his pain as a 7/10 with medications and a 10/10 without medications, there are no discussions provided specific ADLs. Due to lack of documentation, this request is not medically necessary.