

Case Number:	CM14-0156175		
Date Assigned:	09/25/2014	Date of Injury:	10/12/2007
Decision Date:	12/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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, 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 49 year-old female with the date of injury of 10/12/2007. The patient presents with pain in her low back, radiating down into her lower extremities with tingling or numbing sensations. The patient rates her pain as 3-10/10 on the pain scale, depending on the intake of medication. There is tenderness in the low back and high sensitivity to touch in her thighs and ankles. The patient presents limited range of lumbar motion. Her lumbar flexion is 25 degrees, extension is 5 degrees and lateral bending is 10 degrees. Examination reveals positive straight leg raising and abnormal toe or heel walking. The patient is currently taking Fentanyl, Oxycodone, Nortriptyline, Nizatidine, Omeprazole, Zofran, Lactulose, Senokot, Pramoxine, Seroquel and Fluoxetine. The patient returned to work on 09/15/2014. According to [REDACTED] on 08/18/2014, diagnostic impressions are; 1) Lumbago 2) Thoracic/ lumbosacral neuritis / radiculitis unspecified 3) Postlaminectomy syndrome lumbar region 4) Interval lumbar disc d/o w/myelopathy lumbar region 5) Disc disease: lumbar. The utilization review determination being challenged is dated on 09/09/2014. [REDACTED] the requesting provider, and he provided treatment reports from 04/23/2014 to 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, CPDR #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication and GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness of her lower back and lower extremities. The patient is status post (s/p) laminectomy at L5-S1 on 08/01/2014 and a fusion at L5-S1 on 12/06/2011. The request is for Omeprazole 20mg, #60. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. The review of the reports does not even show that the patient is on any NSAIDs. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. Request is not medically necessary.

Nizatidine 150mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness of her lower back and lower extremities. The patient is s/p laminectomy at L5-S1 on 08/01/2014 and a fusion at L5-S1 on 12/06/2011. The request is for Nizatidine 150mg #60 with 3 refills. Nizatidine, a H2-receptor antagonist, is similar to PPI's and used as an alternative. Regarding prophylactic use of PPI's, MTUS page 69 recommends it when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; etc. In this case, the treater fails to mention any GI symptoms from this patient. The patient is not taking any NSAIDs either. It is not known why this medication is being prescribed as there is no documentation of any GI complaints. Request is not medically necessary.

Fentanyl 100mcg/hr, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness of her lower back and lower extremities. The patient is s/p laminectomy at L5-S1 on 08/01/2014 and a fusion at L5-S1 on 12/06/2011. The request is for Fentanyl 100mcg/hr, #15. MTUS guidelines page 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. The treater' report does not show discussion specific to this medication. There are no four A's discussed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Request is not medically necessary.

Oxycodone HCL 15mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness of her lower back and lower extremities. The patient is s/p laminectomy at L5-S1 on 08/01/2014 and a fusion at L5-S1 on 12/06/2011. The request is for Oxycodone HCL 15mg, #240. MTUS guidelines page 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. The treater' report does not show discussion specific to this medication. There are no four A's discussed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Request is not medically necessary.