

Case Number:	CM14-0172003		
Date Assigned:	10/23/2014	Date of Injury:	02/21/2012
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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:

On February 21, 2012 the 29-year-old female Florist Manager sustained low back pain and pain radiating down her left leg when dumping a trash can it into a large trash bin. The worker received x-rays, nerve conduction studies, and MRI scan of the lower back. The worker received physical therapy. Additional treatment options included spinal injections and surgery which were declined. An MRI scan of the lumbar spine was performed on February 7, 2014. Abnormal findings included a 10% decrease in the height of the disk at L4-5 with partial dehydration, with a 3 to 4-mm posterior disk protrusion with compromise of traversing nerve roots and the exiting nerve roots. At L5-S1, there was a 2-mm posterior disk bulge with no compromise of the traversing nerve root block encroachment on the foramen with compromise of the exiting nerve roots bilaterally. On June 20, 2014 a psychiatrist summarized that the applicant required psychiatric treatment to improve her level of functioning in order to reach maximum medical improvement and become permanent and stationary status in regard to her psychiatric injury. This psychiatrist recommended that the applicant receive psychiatric treatment for a major depressive disorder and also provided an opinion that the psychological condition of the worker was secondary to the effects of the work-related injury. Continued psychological and psychiatric care was recommended including continued pharmacotherapy for depression. As stated in this evaluation, "the application should receive an evaluation from a psychiatrist for optimization of her psychopharmacologic treatment. I believe that 3 to 4 visits with a psychiatrist would be adequate for referral back to her primary care physician at that juncture for continued medication renewal". On June 24, 2014 a urine tox screen was completed. On June 24, 2014 the worker's symptoms included low back pain radiating to the posterior thigh, calf and foot, left thigh, leg and foot. Pain intensity is 8/10 in these areas on average. There is limitation of activity including walking, lifting, sitting, sleeping, social activities, traveling, family relationships, home

activities, bathing and showering, writing and typing, dressing, sexual activity, and concentration. Examination findings included a list to the right, a guarded gate, slow and guarded movement, palpable tenderness, trigger points, spasms, pain with active motion, positive radicular signs, normal sensation to light touch, and normal motor strength. Diagnoses included lumbar herniated nucleus pulposus at L4-5 of 3 to 4 mm and at L5 S1 of 2 to 3 mm, with bilateral nerve impingement, left sciatica, severe spinal stenosis at at L4-5 anxiety/depression, sexual dysfunction and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, Tylenol #3, #90, DOS: 6/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs (non-steroidal anti-inflammatory drugs), Codeine, Page(s): 35, 67, 74, 77, 78, 80.

Decision rationale: Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Acetaminophen is a first line treatment for back pain. Codeine is a schedule C-II controlled substance opioid. It is similar to morphine. Codeine is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. For chronic back pain, the MTUS suggests that opioids appear to be efficacious for the treatment of chronic pain but should be limited for short-term pain relief. The long-term efficacy of opioids is currently unclear and appears to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. The available records do not document an improvement in either pain or function attributable specifically to the use of Tylenol, codeine, or Tylenol #3. Therefore, Tylenol #3 is not recommended as medically necessary or appropriate.

Retro, Gabapentin 300mg #60, DOS: 6/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 17.

Decision rationale: According to the MTUS, Gabapentin which is an Anti-epilepsy drug (AED) also referred to as an anti-convulsants, is recommended for neuropathic pain (pain due to nerve damage). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and

a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, there is insufficient documentation of the effect of this medication on the worker's pain and function and therefore, the request to refill Gabapentin is not medically necessary or appropriate.

Retro, Prozac 20mg #90, DOS: 6/24/14: 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 for chronic pain Page(s): 13, 14, 17.

Decision rationale: According to the MTUS, antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. Recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options and for non-neuropathic pain, both tricyclic antidepressants and SNRIs are recommended as an option in depressed patients. The medical records reflect that the worker's requirement for Prozac stems from needed treatment for depression rather than treatment for low back pain or neuropathic pain. The available documentation suggests that the worker continues to require antidepressant pharmacologic treatment as a function of reported gains in function currently. The records reflect an additional psychological and psychiatric evaluation and treatment, including antidepressant medication treatment, are currently required. The records reflect that there is the need for optimization of psychopharmacological treatment by a psychiatrist. There is no current data suggesting that psychiatry optimization of the worker's psychopharmacologic treatment has occurred, or that the worker's requirement for antidepressant medication has changed, and therefore, it appears that the current need for antidepressant medication persists. Therefore, the request for Prozac refill is considered medically necessary and appropriate.

Retro, Prilosec 20mg #90, DOS: 6/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

Decision rationale: The MTUS states that omeprazole (Prilosec) is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use and that long-term omeprazole use (> 1 year) has been shown to increase the risk of hip fracture.

Omeprazole is used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease. In this case, although the request for omeprazole was listed for gastrointestinal symptoms there are no documented symptoms of gastroesophageal reflux disease, gastritis, or dyspepsia secondary to NSAID therapy. In terms of prevention, the worker's risk profile appears to be low. According to the MTUS, those at risk for gastrointestinal events are as follows: (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). The request for Prilosec is not medically necessary or appropriate because there is no established diagnosis of dyspepsia secondary to NSAID therapy, there is no diagnosis of gastroesophageal reflux disease, and the worker's risk profile appears to be low.

Retro, Urine Toxicology Test, DOS: 6/24/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 47, 94.

Decision rationale: According to the MTUS, drug screens are recommended as an option, using a urine drug screen, to assess for the use or the presence of illegal drugs. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: c) Frequent random urine toxicology screens. In this case, although there is no documentation that the injured worker is at high risk for opioid medication misuse there is also no documentation of random drug screening within the preceding one-year time frame and therefore, the request for Urine Toxicology Test on 6/24/14 is considered medically necessary and appropriate.