

Case Number:	CM14-0174842		
Date Assigned:	10/28/2014	Date of Injury:	09/24/2004
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/22/2014

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 49-year-old male with date of injury of 09/24/2004. The listed diagnoses per [REDACTED] from 09/09/2014 are: 1. Left lumbar radiculopathy with spontaneous aggravation requiring emergency room visit on 10/15/2010. 2. MRI of 10/15/2010 showed minimal extrusion at L4-L5 with spinal canal stenosis to 7-mm and moderate bilateral neuroforaminal stenosis. 3. Gastrointestinal upset due to use of pain medication. According to this report, the patient complains of low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. He also complains of stomach upset due to pain medication use. The examination of the lumbar spine shows slight to moderate paralumbar muscle spasm in the lumbar spine greater on the right than the left. Active range of motion is 50% of normal upon flexion and extension. Straight leg raise test is positive on the left at 70 degrees producing left posterolateral buttock, posterolateral thigh and leg pain. Sensation to light touch is altered over the top of the left foot, otherwise, normal. The patient's gait is slightly antalgic and he utilizes a walking cane. The utilization review denied the request on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, and On-Going Management Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. The provider is requesting Norco 7.5/325 mg, quantity #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids 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 on ongoing management also require documentations of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking 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 medications to work and duration of pain relief. The records show that the patient was prescribed Norco on 03/31/2014. The 03/31/2014 report notes that with medication, his lumbar spine pain is at a rate of 4/10. The patient states he takes no more than 2 Norco per day. He does take Prilosec as naproxen causes increased discomfort because of dyspepsia. The examination shows slightly loss of lordosis. There is slight to moderate paralumbar muscle spasms greater on the right than the left in the lumbar spine. The patient remains permanent and stationary per the 04/27/2006 report with open future case. He is also permanently totally disabled and will not be able to return to gainful employment due to significant pain. The 09/09/2014 report notes, "He does relate that the anti-inflammatory and the pain medicine helped improve his day significantly with pain." The provider does not document specifics regarding ADLs, no significant improvement, no mention of quality of life changes and no discussions regarding "pain assessment" as required by MTUS. While there are discussions of gastrointestinal events, the provider does not discuss aberrant drug-seeking behavior such as a urine drug screen. Therefore, the request is not medically necessary and appropriate.

Naproxen Sodium 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, Chronic Low Back Pain Page(s): 22, 68.

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. The provider is requesting naproxen sodium 550 mg. The MTUS Guidelines page 22 on anti-inflammatory medication state that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In addition, MTUS page 68 on NSAIDs for chronic low back pain states, "recommended as an option for short-term symptomatic relief. Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants."The records show that the patient has been taking naproxen since 03/31/2014. The

09/09/2014 report notes, "He does relate that the anti-inflammatory and the pain medicine helped improve his day significantly with pain." The provider has noted medication efficacy as it relates to the use of naproxen and the continued use is reasonable. Therefore, the request is medically necessary and appropriate.

Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risks Page(s): 68, 69.

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. The provider is requesting omeprazole 20 mg. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks state that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleed or perforation; concurrent use of ASA or corticosteroid and anticoagulants; and high-dose multiple NSAIDs. The records show that the patient was prescribed Prilosec on 03/31/2014. The provider notes on 03/31/2014, "He does take Prilosec as Naproxen causes increased discomfort because of dyspepsia." In addition, the provider has noted in one of the patient's diagnoses gastrointestinal upset due to use of pain medication. In this case, the provider has noted gastrointestinal issues and the continued use of Omeprazole is reasonable. Therefore, the request is medically necessary and appropriate.

Promolaxin 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy for Opiate Page(s): 77.

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. The provider is requesting Promolaxin 100 mg, quantity #60. The MTUS Guidelines page 77 on initiating therapy for opiate use state that prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient has been using Promolaxin since 03/31/2014. In the 03/31/2014, the provider notes that Promolaxin was prescribed to relief constipation due to narcotics. In this case, MTUS supports the prophylactic treatment of constipation when opiates are prescribed. Therefore, the request is medically necessary and appropriate.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity with intermittent numbness in the left leg. The provider is requesting a urine toxicology screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiates users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The utilization review denied the request stating, "The patient should have been fully weaned from opioid medication at this point. Therefore, urine drug screening is unnecessary." The records do not show any recent or previous urine drug screen. The patient's current list of medications includes Norco, Naproxen, Omeprazole and Promolaxin. However, continued use of Norco is not indicated due to lack of adequate documentation as noted above. Urine toxicology would not be indicated since Norco is not indicated. The request is not medically necessary and appropriate.