

Case Number:	CM14-0021506		
Date Assigned:	05/07/2014	Date of Injury:	04/25/2000
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 55 year old female who was injured on 04/25/2000. The mechanism of injury is unknown. Prior treatment history has included home exercise, current medication, B12 injection, and pool therapy. The patient's medications include (VAS with medications is 7/10 and without medications is 10/10 vitamin D 2000, Tizanidine Hcl 2 mg, Pantoprazole Sodium 20 mg, Senokot-s 8.6-50 mg, Hydrocodone-acetaminophen 10-325 mg, Butrans 10 mcg, Naprosyn 500 mg, and Zofran 4 mg. A laboratory report dated 01/15/2014 did not detected hydrocodone which is indicative of the patient not taking the medication as prescribed. A urine toxicology review dated 01/31/2014 did not report any medications as detected. A pain medicine re-evaluation note dated 01/15/2014 reports the patient complains of low back pain that radiates to blue. The patient's pain level is unchanged with average pain level of 7/10 with medications and 10/10 without medications. She is reporting increased nausea and vomiting. Objective findings on exam reveal the patient is in moderate distress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the C4-C7 level. Cervical myofascial tenderness is noted on palpation. Sensory and motor examination revealed no change. Diagnoses are 1) Lumbar radiculopathy 2) Cervical radiculopathy 3) Myalgia/myositis 4) Fibromyalgia 5) Headaches 6) Treated under FMC 7) p spinal cord stimulation explants and 8) Chronic nausea/vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 500 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Naprosyn is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The MTUS Chronic Pain Guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not reflect the patient has had any benefit with use of this medication. NSAIDs were noted to be ineffective for the patient's pain and caused dyspepsia. Furthermore, the medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms. Chronic use of NSAIDs is not supported by the guidelines in this case. The request is not medically necessary.

HYDROCODONE 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain under certain conditions. Efficacy of long-term use for non-malignant pain is not established. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not demonstrate that opioid use has yielded clinically significant benefits. The patient presented with increased pain complaints on 7/31/13, 10/23/13, and 1/15/14 without interval event, for which Vitamin B12 injections were given each time. The patient was noted to have increased nausea and vomiting on 1/15/14 visit. The patient is said to have improved function and quality of life with regard to activities of daily living due to opioid use. However, there are no objective measures of functional improvement. Physical examination is unchanged. The patient is not working. It is not clear from records that there has been an overall improvement in function. Medical necessity is not established. As such, the request is not medically necessary and appropriate.

SENOKOT S 8.6-50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient is prescribed Senokot for opioid-induced constipation. The MTUS Chronic Pain Guidelines suggest that when initiating opioids, prophylactic treatment of constipation should be initiated. However, given the lack of clear benefit from opioid use, continued use of opioids is not recommended. Therefore, the request for Senokot is not medically necessary.

PANTOPRAZOLE SODIUM DELAYED RELEASE 20 MG #30: Upheld

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): 68.

Decision rationale: Omeprazole is prescribed to prevent NSAID-induced adverse gastrointestinal events. According to the MTUS Chronic Pain Guidelines, proton pump inhibitor, such as Omeprazole, may be recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient has a documented history of dyspepsia due to NSAID use. However, given lack of demonstrated benefit from NSAID use, NSAID continuation is not recommended. As such, the request is not medically necessary.

BUTRANS PATCH 10MCG/HR #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the MTUS Chronic Pain Guidelines, Buprenorphine is recommended for treatment of opiate addiction. According to the ODG, Buprenorphine transdermal system (Butrans; no generics) is FDA-approved for moderate to severe chronic pain. The medical records do not demonstrate that opioid use has yielded clinically significant benefit. The patient presented with increased pain complaints on 7/31/13, 10/23/13, and 1/15/14 without interval event, for which Vitamin B12 injections were given each time. The patient was noted to

have increased nausea and vomiting on 1/15/14 visit. The patient is said to have improved function and quality of life with regard to activities of daily living due to opioid use. However, there are no objective measures of functional improvement. Physical examination is unchanged. The patient is not working. It is not clear from records that there has been an overall improvement in function. As such, the request is not medically necessary and appropriate.

TIZANIDINE HYDROCHLORIDE 2 MG #90: Upheld

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 Muscle relaxants (for pain) Page(s): 66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Tizanidine is a muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity. There is no evidence of an acute exacerbation. Chronic use of muscle relaxants is not recommended. Consequently, the medical necessity of continued use of Tizanidine has not been established.

VITAMIN D 2000 UNITS #60: 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).

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

Decision rationale: With regard to Vitamin D, the Official Disability Guidelines recommend consideration of supplementation in chronic pain patients. This is under study as an isolated pain treatment. Musculoskeletal pain is associated with low Vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. While records document a history of a past low Vitamin D level, records do not establish the existence of an ongoing Vitamin D deficiency. Further, there does not appear to have been any benefit in terms of pain from Vitamin D supplementation. As such, the request is not medically necessary.

ZOFRAN 4 MG #60: Upheld

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

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

Decision rationale: According to the medical records provided for review, the patient had been prescribed Ondansetron (Zofran) for opioid-induced nausea. According to the medical report, the patient reports increase nausea and vomiting. However, this medication is not recommended for nausea and vomiting secondary to chronic opioid use. According to the guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. The patient does not suffer from any of these conditions. Continued opioid use in this patient is not recommended. Medical necessity is not established. As such, the request is not medically necessary and appropriate.