

Case Number:	CM14-0028458		
Date Assigned:	06/16/2014	Date of Injury:	08/09/2006
Decision Date:	08/04/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, and is licensed to practice in Arizona. 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 Physician 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 injured worker is a 61year old woman with a work-related injury dated 8/9/06 resulting in chronic pain. The patient is managed by a primary provider and a pain specialist. Previous treatments have included oral analgesic medications, surgical intervention and an implanted spinal cord stimulator (3/31/11). Multiple office visits with the pain specialist are reviewed including dates 9/5/13, 10/3/13, 10/31/13, 11/22/13, 12/19/13 and 1/16/14. On 1/16/14 the injured worker complains of lower back and cervical spine pain with radicular symptoms to the extremities. The patient reports improved pain with the stimulator and is actively being weaned from narcotic pain medications. The physical exam shows paravertebral musculature that is tender to palpation and decreased range of motion of the spine and shoulder. The left arm has decreased sensation and decreased grip strength. Straight-leg rais is positive on the left side and there is decreased sensation in the left leg. The diagnoses include C5-6 and C6-7 anterior cervical discectomy and fusion, bilateral upper extremity radiculopathy, L5-S1 posterior lumbar interbody fusion, bilateral lower extremity radiculopathy, lumbar spinal cord stimulator implant and medication induced gastritis. Her current medications include MS Contin 15mg three times daily, Norco 10/325mg 6-8 tablets daily, Prilosec 20mg twice daily, Colace 100mg 3- 4 daily, Soma, Nortriptyline 50mg three times daily, and Topamax 25mg. She had a UDS on 9/5/13 that was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #60: 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 9792.20-.26, page(s) 68-69 Page(s): 68-69.

Decision rationale: There is no documentation that the injured worker has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS guidelines, the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The injured worker does not have any symptoms that would suggest gastritis and there is no documentation that the injured worker has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

COLACE 100MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS: CRITERIA FOR USE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com Colace, drug information.

Decision rationale: The MTUS is silent regarding the use of Colace. According to UpToDate.com, Colace is a stool softener used in patients who should avoid straining during defecation and constipation associated with hard, dry stools; and prophylaxis for straining following myocardial infarction. It is shown to be ineffective if used long-term. In this case, the injured worker has been using Colace ongoing. The documentation does not support that the injured worker has an indication for the ongoing use of colace.

MS CONTIN 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26, page(s) 74-96 Page(s): 74-96.

Decision rationale: MS Contin is a long-acting opioid analgesic medication. According to the MTUS section of chronic pain regarding opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes

ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regard to using opioids for chronic pain, they have been suggested for neurophic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continued use is improved functional status. In this case the documentation does not support that the injured worker has had improved functional status while using Morphine. The injured worker has not been able to return to work. The injured worker has taken this medication for longer than 16weeks. The further use of MS contin is not medically necessary.

NORCO 10/325MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26, page(s) 74-96 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications includes if the patient has returned to work or if the patient has improved functioning and pain. With regard to using opioids for chronic pain, they have been suggested for neurophic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continued use is improved functional status. In this case the documentation does not support that the injured worker has had improved functional status while using Norco. The injured worker has not been able to return to work. The injured worker has taken this medication for longer than 16weeks. The further use of Norco 10/325mg is not medically necessary.

