

Case Number:	CM14-0032015		
Date Assigned:	06/20/2014	Date of Injury:	03/02/2009
Decision Date:	09/10/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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:

Patient is a 50-year-old male who has submitted a claim for lumbar radiculopathy, lumbar facet arthropathy, chronic pain syndrome, thoracic spine herniated nucleus pulposus (HNP), cervical radiculopathy, diabetes mellitus, erectile dysfunction, chronic nausea / vomiting, adjustment disorder with mixed anxiety and depressed mood, and vitamin D deficiency associated with an industrial injury date of 03/02/2009. Medical records from 2011 to 2014 were reviewed. Patient complained of spasm and neck pain radiating to bilateral upper extremities, associated with numbness and weakness. Patient likewise reported low back pain radiating to bilateral lower extremities, graded 9/10 in severity, and relieved to 7/10 upon intake of medications. This resulted to difficulty sleeping and in performing self-care, hygiene, ambulation, and hand function. Patient likewise experienced heartburn, nausea, and constipation. Physical examination showed tenderness and muscle spasm at the parathoracic, paralumbar muscles and coccyx area. Range of motion of the lumbar spine was restricted secondary to pain. The Insomnia Severity Index administered on 02/11/2014 showed a score of 19 signifying moderate severity clinical insomnia. Sleep Study performed on 02/27/2014 showed mild obstructive hypopneas with moderate exacerbation in REM sleep, mild oxygen desaturations, sleep onset and maintenance insomnia, and reduced restorative delta sleep. Treatment to date has included thoracic epidural steroid injection, and medications such as Ambien, gabapentin, metformin, Norco, ondansetron, pantoprazole, Senokot-S, Tizanidine, tramadol, and Vitamin D. Utilization review from 02/28/2014 denied the requests for Tizanidine 2mg, #90 and Zolpidem 10mg, #30 because long-term use was not recommended; denied Hydrocodone 10/325mg, #120 and Tramadol ER 150mg, #30 because there was no evidence of any objective functional benefit from opiates; denied Vitamin D 2000 units, #100 because the laboratory result signifying low vitamin D levels was not made available and there was no evidence that it had improved pain

levels or function; denied Senokot-S 50/8.6mg, #60 because there was no subjective complaint of constipation or whether this medication resulted to functional benefit; denied pantoprazole 20mg, #60 due to absence of gastrointestinal symptoms; denied Ondansetron 4mg, #30 because there was no current complaint of nausea or vomiting; and denied Gabapentin 600mg, #30 because there was no documentation that it reduced neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tizanidine 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Tizanidine since 2010. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Tizanidine 2mg, #90 is not medically necessary.

Prescription of Hydrocodone 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (criteria for use).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2011. Patient reported pain relief from 9/10 in severity to 7/10 upon intake of medications. However, the medical records did not clearly reflect functional improvement derived from opiate use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone 10/325mg, #120 is not medically necessary.

Prescription of Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2011. Patient reported pain relief from 9/10 in severity to 7/10 upon intake of medications. However, the medical records did not clearly reflect functional improvement derived from opiate use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol ER 150mg, #30 is not medically necessary.

Prescription of Vitamin D 2000 units, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not specifically address vitamin D. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends consideration of vitamin D in chronic pain patients and supplementation if necessary. Inadequate vitamin D may represent an under-recognized source of nociception and impaired neuromuscular functioning among patients with chronic pain. In this case, patient has a known vitamin D deficiency; however, there was no recent laboratory result signifying its low levels. There is no documented improvement derived from its supplementation which was started since January 2014. The medical necessity cannot be established due to insufficient information. Therefore, the request for Vitamin D 2000 units, quantity 100 is not medically necessary.

Prescription of Zolpidem 10mg, #30: 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), Pain Chapter, Insomnia Treatments (<http://www.odg-twc.com/odgtwc/pain.htm>).

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since 2010 for insomnia. However, an undated progress report cited that patient continued to have impaired sleep, averaging four hours per night despite its use. Long-term use is likewise not recommended. Therefore, the request for Zolpidem 10mg, #30 is not medically necessary.

Prescription of Senokot-S 50/8.6mg, #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 Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Senokot is a laxative providing relief from constipation. In this case, the patient has been on chronic opioid therapy since 2010. Patient complained of constipation from its use. However, simultaneous requests for Norco and tramadol have been deemed not medically necessary; hence there is no clear indication for Senokot at this time. Therefore, the request for Senokot-S 50/8.6mg, #60 is not medically necessary.

Prescription of Pantopazole 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs), GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since January 2014. Patient complained of heartburn and nausea secondary to intake of multiple oral medications. The medical necessity has been established. Therefore, the request for pantoprazole 20mg, #60 is medically necessary.

Prescription of Ondansetron 4mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://us.gsk.com/products/assets/us_zofran_tablets.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron.

Decision rationale: The CA MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, patient has been on ondansetron since January 2014. Patient complained of nausea and vomiting due to opioids. However, the guideline clearly states that ondansetron is not recommended for such indication. Therefore, the request for Ondansetron 4mg, #30 is not medically necessary.

Prescription of Gabapentin 600mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin since January 2014 for pain complaints at the neck and low back, radiating to bilateral upper and lower extremities, respectively. However, there was no documentation concerning functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Gabapentin 600mg, #30 is not medically necessary.