

Case Number:	CM14-0032316		
Date Assigned:	07/16/2014	Date of Injury:	11/27/2012
Decision Date:	08/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 claimant was injured on 11/27/12. Several medications and L3-4 bilateral facet joint medial branch blocks are under review. He saw [REDACTED] on 03/12/14. His hydrocodone had been modified by a reviewer and the naproxen, Senna, omeprazole, and medial branch blocks were denied. He was also taking trazodone and venlafaxine. Prior medications included zolpidem for sleep, Relafen, Norco, Norflex, Prilosec, Celebrex, and Flexeril. He had tenderness of the lumbar facet joints from L3-S1 and cervical paraspinal muscles overlying the cervical facet joints. He had restricted and painful range of motion in the lower extremities and trunk. The ranges of motion were restricted by pain in all directions. His muscle strength was 5/5 and there were negative nerve root tension signs. His physical exam was overall unchanged. He had multiple diagnoses. He is status post bilateral L4-5 and L5-S1 radiofrequency nerve ablation. He had positive diagnostic bilateral L4-5 and L5-S1 medial branch blocks. He also had lumbar facet joint pain and facet joint arthropathy with disc protrusion, stenosis, and sprain, and cervical disc protrusion and stenosis and facet joint pain and arthropathy. He also had GERD. He had failed physical therapy, anti-inflammatories, and conservative treatment. His pain was axial and nonradicular. He had 4 weeks of lumbar physical therapy in 2013 with no relief. He had continued home exercises with no relief. He completed chiropractic treatment that provided no sustained relief. The patient's pain is 9/10 without the hydrocodone and 4-5/10 with it. He reported being able to complete activities of daily living such as self-care, dressing, and ambulation greater than 100 yards. There were no signs of misuse or aberrant behaviors. He has an up-to-date pain contract and his urine drug screens have been consistent with his medications. There have been no severe adverse reactions. The naproxen was recommended because it provides 50% improvement of his inflammatory pain and allows him to do his activities of daily living. The omeprazole was requested because it is used to treat his GI upset due to his

industrially related medications. The claimant saw [REDACTED] on 02/14/14. He still had a depressed mood. He had a psychological evaluation. He was to continue Effexor XR and increase the trazodone. He has attended psychotherapy visits and had a panel QME by a psychiatrist. On 09/18/13, he saw [REDACTED] and reported that his medications were stolen from his car 3 days before. His last dose of Norco was 2 days before. He was taking hydrocodone, omeprazole, zolpidem, and naproxen. His past medical history was noncontributory. Review of systems including the GI tract was negative. He had tenderness about the cervical and low back regions. A urine drug screen was done and he was given refills of his medications. He underwent bilateral L4-5 and L4-5-S1 radiofrequency nerve ablation rhizotomy on 08/22/13. He was prescribed omeprazole but there was no evidence of gastrointestinal problems. At an initial psychiatric evaluation on 08/29/13, he reported being healthy before this injury. There was no mention of gastrointestinal problems. On several occasions, his past medical history was considered to be noncontributory.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG, Q6H PRN PAIN #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, OPIOIDS FOR BACK PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and, Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of the opioid, hydrocodone 10/325mg q 6 hours prn #120 with 2 refills. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. Despite this history, naproxen has been continued. MTUS further explains that pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is limited information that indicates the claimant reports improvement in his activity levels but more specific information is needed to support chronic use of opioids. There is no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no explanation for why, if opioids are helpful with pain relief, why home exercises have not been recommended for ongoing conditioning and maintenance of any benefits that the claimant receives from treatment measures. The specifics of the claimant's pattern of use of hydrocodone are unclear other than that he reports it helps. There is no evidence that a pain diary has been recommended and is

being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of hydrocodone has not been clearly demonstrated.

NAPROXEN 550MG, BID #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of Naproxen 550 mg BID #60 with 2 refills for the claimant's ongoing pain. The CA MTUS p. 102 state re: NSAIDs Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 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. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. It is recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, the notes indicate that the claimant failed trials of this type of medication and that is why he has been given hydrocodone. It is not clear why naproxen would be continued if it has not been helpful and also may be causing gastrointestinal symptoms for which a proton pump inhibitor has also been recommended. The medical necessity of the use of naproxen has not been clearly demonstrated.

SENNA S2 TO 4 TABS PRN CONSTIPATION, #120 WITH 2 REFILLS: Upheld

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

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: PDR (Physician's Desk Reference) 2014, Senna.

Decision rationale: The history and documentation do not objectively support the request for continuation of Senna 2 to 4 tabs prn constipation #120 with 2 refills. The PDR recommends

Senna for control and relief of constipation which may be caused by chronic use of opioids or for other reasons. In this case, it is presumably being prescribed due to the claimant's chronic use of hydrocodone. However, there is no documentation of problems with constipation. Also, hydrocodone has been recommended to be weaned and discontinued so ongoing use of Senna is not indicated. The medical necessity of its use has not been clearly demonstrated.

OMEPRAZOLE 20MG, QD, #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for omeprazole 20mg daily #30 with 2 refills at this time. The CA MTUS state on p. 102 re: PPIs patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The use of naproxen is not indicated and should be discontinued. Following this, the use of omeprazole is not indicated. The medical necessity of this request has not been clearly demonstrated.

FLUROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL L3-L4 FACET JOINT MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for facet block injections. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint medial branch blocks.

Decision rationale: The history and documentation do not objectively support the request for fluoroscopically guided diagnostic bilateral L3-4 facet joint medial branch blocks. The medical necessity of has not been clearly demonstrated. The ODG states Criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. This includes, (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. Indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of

failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks..In this case, the claimant already had two levels injected and received no benefit. It is not clear why a different (third level) would be injected at this time. There is no evidence that the claimant has been involved in home exercises for post-injection rehab and ongoing conditioning and maintenance of any benefits that he receives from treatment measures. The medical necessity of these blocks has not been demonstrated.