

Case Number:	CM14-0038643		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2005
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 58 year old with an injury date on 12/10/05. Based on the 3/20/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p L-spine fusion with residual bilateral lower extremity radiculopathy (negative NCS) NF Narrow bilateral L5-S1, MOD FJ OA L5-S. 2. CT myelogram 5/9/13 - mild SIJ DJD. 3. left knee PFA / GR II degen / PHMM tear CMDI. Exam of L-spine on 3/20/14 showed tenderness to palpation: PVM, OL bilaterally. ROM: Flexion 12 degrees, Extension 5 degrees. Straight leg raise: Left. Left knee, tenderness to palpation: MCL. ROM: Flexion 110 degrees, extension 0 degrees. [REDACTED] is requesting Norco 10/325mg #120, Gabapentin 600mg, Axid 2 tabs/day, and Fexmid 7.5mg. The utilization review determination being challenged is dated 3/27/14. The requesting provider, provided treatment reports from 9/12/13 to 6/19/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with lumbar pain. The treater has asked Norco 10/325mg #120 on 3/20/14. Patient has been taking Norco since at least 9/12/13. In 2/6/14 report patient states Norco 7.5 does not control pain as well as Norco 10. Review of 2/13/14 urine drug screen shows patient is positive for hydrocodone, which patient is currently taking. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. Besides toxicology report showing compliance and ruling out drug-seeking behavior, there are no discussions of the 3 other A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin- Anti epilepsys drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with lumbar pain. The treater has asked Gabapentin 600mg on 3/20/14. Patient has been taking Neurontin since at least 9/12/13 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, patient has been taking Neurontin for 6 months but there is no documentation of an improvement in pain/function in relation to use of Neurontin. MTUS guidelines necessitate documentation of at least 30% functional improvement for ongoing use of anti-convulsants. Recommendation is for denial.

Axid 2 tabs/day: 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
FDA.govhttp://www.accessdata.fda.gov/drugsatfda_docs/label/2005/21494s001lbl.pdf.

Decision rationale: This patient presents with lumbar pain. The treater has asked Axid 2 tabs/day on 3/20/14. Patient has been taking Axid since 2/6/14, and was taking Prilosec prior. Axid is a Histamine-2 Receptor Antagonist used to treat GERD. Regarding Axid, there is no discussion in ACOEM, MTUS, ODG or [REDACTED]. According to FDA.gov, Axid is indicated for up to 8 weeks for the treatment of active duodenal ulcer/active benign gastric ulcer, and for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn due to GERD. Contraindication: Axid Oral Solution is contraindicated in patients with known hypersensitivity to the drug. Because cross-sensitivity in this class of compounds has been observed, H2- receptor antagonists, including nizatidine, should not be administered to patients with a history of hypersensitivity to other H2-receptor antagonists. In this case, the treater has switched from Prilosec to Axid, but does not explain the reason. There is no new diagnosis of duodenal/gastric ulcers or esophagitis. Requested Axid is not medically necessary for patient's condition. Recommendation is for denial.

Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with lumbar pain. The treater has asked Fexmid 7.5mg on 3/20/14. Patient has been taking Fexmid since 11/22/13. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS recommends Cyclobenzaprine as a short course of therapy for back pain and as post-op use. In this case, patient has been taking Fexmid for 3 months but MTUS indicates it for only short-term usage. In addition, included documentation does not describe the efficacy of Fexmid. Recommendation is for denial.