

Case Number:	CM14-0041929		
Date Assigned:	06/30/2014	Date of Injury:	07/01/2005
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 63-year-old female who has submitted a claim for lumbar sprain associated with an industrial injury date of July 1, 2005. Medical records from 2014 were reviewed. The patient complained of low back and lower extremity pain rated 5/10 with medications and 8/10 without medications. The patient was crying on physical examination and was unable to tolerate most of the evaluation due to the level of pain. There was tenderness over the bilateral lumbar paraspinal muscle with spasm, right greater than left; positive straight leg raising, right greater than left with radicular symptoms to plantar feet; minimal active ROM due to spasm and severe pain of the lumbar spine and bilateral lower extremities; decreased sensation at L5-S1, right greater than left; decreased bilateral lower extremity deep tendon reflexes at 1/5; and non-viable bilateral lower extremity motor examination secondary to pain avoidance. MRI of the lumbar spine obtained on November 16, 2013 revealed L4-5 mild disc height loss with 3mm broad-based disc protrusion, rendered moderate spinal canal narrowing; L4-5 neural foramen are patent on the right and mildly narrowed on the left; L5-S1 moderate disc height loss with 2-3mm disc osteophyte complex that narrows lateral recesses and contributes to mild spinal canal stenosis; neural foramen appear mildly stenosis, left greater than right. The diagnoses were lumbar spinal stenosis, herniated nucleus pulposus, and severe lumbar degenerative disc disease. L4-5 and L5-S1 transforaminal lumbar interbody fusion was contemplated. Result of urine drug screen obtained on September 12, 2013 was consistent with pain medication regimen. Treatment to date has included medications Sumatriptan succinate, Oxycontin, Seroquel, Norco, Soma, Omeprazole, Alprazolam, Butalbital, Vicodin ES, Axid, and Ativan. Additional treatments include home exercise program, physical therapy, epidural injections, bilateral neural foraminotomy, and medial facetectomy, and L5-S1 nerve root decompressions (April 4, 2007). Utilization review from March 17, 2014 denied the request for 60 capsules of Axid 150mg

because the documentation did not indicate any gastrointestinal issues. There was also no indication that NSAID was part of treatment plan. The request for 90 tablets of Vicodin 7.5/500mg was modified to 45 tablets of Vicodin 75/500mg because there was no documentation of improved physical and psychosocial functioning. It was unclear whether the patient had previously taken the medication as a continued portion of her pain regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Axid 150mg: 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), Treatment Index, 11th edition (web), 2013, Pain-Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Nizatidine.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Food and Drug Administration (FDA) was used instead. Nizatidine is FDA approved to treat ulcers in the stomach and intestines. It also treats heartburn and erosive esophagitis caused by gastroesophageal reflux disease (GERD). In this case, there was no documentation of gastrointestinal issues, history of gastric ulcer, or increased risk for gastrointestinal events in this patient. Moreover, Omeprazole intake was also noted. It is unclear as to why additional gastric acid suppression is needed. The medical necessity has not been established. There was no clear indication for the use of this medication in this patient. Therefore, the request for 60 capsules of Axid 150mg is not medically necessary.

90 Tablets of Vicodin 7.5/500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 78, 91.

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, and functioning and the occurrence of any potentially aberrant drug-related behaviors. Page 91 of the Guidelines state that Vicodin is indicated for moderate to moderately severe pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. In this case, the patient has been taking Vicodin for pain; however, response to the medication was not discussed. The medical records do not clearly reflect continued analgesia and functional benefit directly attributed from its use. Moreover, Norco intake was also noted. It is unclear

whether the guideline recommended daily dosing for hydrocodone and acetaminophen are exceeded as the dosage and frequency of Norco use were not mentioned. The medical necessity has not been established at this time therefore, the request for 90 Tablets of Vicodin 7.5/500mg is not medically necessary.