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| Case Number: | CM14-0043353 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/05/1991 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 57 year old employee with date of injury 11/5/1991. Medical records show the patient is undergoing treatment for chronic, intractable pain in low back and left knee. She has unspecified internal derangement of the knee, radiculopathy and complex regional pain syndrome (CRPS), type 1, lower extremity. She is status post (s/p) lumbar surgery in 2011. Subjective complaints include pain to low back and radiating to bilateral lower extremities. Pain is described as constant, sharp, and throbbing. Pain at worst is 10/10, average is 7/10. Pain in back is made worse by twisting, bending, turning, increased activity, and cold weather. Patient denies balance problems and can walk 2 blocks. Left knee pain is sharp, aching, burning, throbbing, and shooting. Knee pain is constant, 9/10. Patient has to rest often during day due to pain and awakens from sleep due to pain. She reports 30% functional improvement with opioid medications. She also reports stomach pain and bloating with some nausea, diarrhea, and constipation. Objective findings include walking with antalgic gait with use of a cane. A scar to lumbar region noted on inspection. Tenderness is present to lumbar paraspinal muscles and bilateral lumbar paraspinal regions of L3-L4, L4-L5, and L5-S1. Straight leg raise is positive bilaterally at 60 degrees. Knee appearance is abnormal with multiple scars. No effusion is noted. Left superior patella is tender to palpation, as is left inferior patella and left lateral patella. Left popliteal fossa is non-tender to palpation. Treatment has consisted of lumbar surgery, 9 surgeries to left knee and lower leg, physical therapy, and home exercise program. Medications have included Prilosec, Sentra PM, baclofen, Cymbalta, gabapentin, docusate sodium, trazodone, methadone, pantoprazole, and lorazepam. The utilization review determination was rendered on 3/14/14 and recommended non-certification of methadone 10mg- 1 po 5times per day PRN #140, pantoprazole 20mg 1 daily PRN 60, and lorazepam 1mg po twice daily PRN #56.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg one (1) tab times five (5) daily PRN #140: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Methadone, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 120, at the maximum level recommended by MTUS. The treating physician does document a 30% reduction in pain while on Methadone but does not detail functional improvement and the length of time the patient gets relief. As such, the request for Methadone 10mg one (1) tab times five (5) daily PRN #140 is not medically necessary.

Pantoprazole 20mg DR one (1) tab times one (1) daily PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Pantoprazole is a proton pump inhibitor. MTUS states: "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory (NSAID) (e.g., NSAID + low-dose ASA)." And "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. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, omeprazole over-the-counter (OTC) tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have

demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but does not indicate a history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Pantoprazole delayed release 20mg tab - 1 tab po daily PRN #60 is not medically necessary.

Lorazepam 1mg one (1) tab times two (2) daily PRN #56: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Online Edition, Chapter: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS states that benzodiazepine (i.e. Lorezapam) is "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Lorazepam 1mg one (1) tab times two (2) daily PRN #56 is not medical necessary.