MAXIMUS Federal Services

Case Number:	CM14-0077745		
Date Assigned:	07/18/2014	Date of Injury:	01/15/2010
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Illinois. 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 injured worker is a 52-year-old female who reported an injury on 01/15/2010. The mechanism of injury is unknown. The note dated 03/27/2014 revealed the injured worker recently underwent removal of posterior fusion hardware on 02/17/2014. She was experiencing a significant postoperative pain but managed with her current oral medications. The pain rate was a 7/10. She has requested trigger point injections to both her lower back and mid back since it does provide a good 50% relief less than a week enabling her to sleep better at night. The urine drug screen report on 10/15/2013 was positive for Norco. Past medications included Norco 10/325 six tablets a day, Neurontin 600 mg 1 tablet twice a day, Prilosec 20 mg 1 tablet twice a day, Doral 15 mg at bedtime, Fexmid 7.5 mg 3 to 4 tablets a day for short term use. The injured worker had a diagnosis of lumbar post laminectomy syndrome status post 3 level fusion on 01/10/2012, medication induced gastritis, and removal of posterior fusion hardware 02/17/2014. Medications also included Flexeril 10 mg and Ultram ER 150 mg to take 1 tablet daily. Diagnostic studies revealed an EMG of the lower extremities on 03/19/2013 with findings of chronic left L5 radiculopathy, MRI of the lumbar spine on 04/12/2010 revealed mild lumbar hyper lordosis with a 2 mm disc protrusion L5-S1. There was also bilateral facet hypertrophy at L4-5 and L5-S1. In an MRI of the lumbar spine on 04/23/2011 revealed a 2 mm broad-based disc protrusion at L5-S1. A facet joint hypertrophy at L3-4 and L4-5 is also noted. Prior treatments included medication, physical therapy, surgery and injections. The request is for Prilosec 20 mg 2 times a day unspecified quantity, Wellbutrin 100 mg 2 times a day, unspecified quantity, Doral 15 mg unspecified quantity, and Norco 10/325 unspecified quantity. The request for authorization form and rationale were not submitted within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg (two times a day) - Unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker has a history of back pain. Prilosec (omeprazole) is a Proton pump inhibitors (PPIs). The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a non-selective NSAID with either a PPI or a Cox-2 selective agent for patients at risk for gastrointestinal events and no cardiovascular disease. The guidelines also state that long-term PPI use has been shown to increase the risk of hip fracture. PPIs are highly effective for the approved indications including preventing gastric ulcers induced by NSAIDs. The request did not specify a quantity for Prilosec. As such, the request is not medically necessary and appropriate.

Wellbutrin 100mg (two times a day) - Unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pages 13-14, Bupropion (Wellbutrin) page 16 Page(s): 13-14, 16.

Decision rationale: The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Wellbutrin to be effective in neuropathic pain. There is no evidence of efficacy in patients with nonneuropathic chronic low back pain. There is lack of documentation why the injured worker is taking this medication. There is no quantity specified. As such the request is not medically necessary and appropriate.

Doral 15mg - Unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter: Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: The injured worker has a history of back pain. Doral is a benzodiazepine derivative drug. The California Medical Treatment Utilization Schedule (MTUS) guidelines state

that benzodiazepine is not recommended for long term use because long term efficacy is unproven and there is a risk of dependency. Guidelines also suggest the use be limited to 4 weeks. There is lack of documentation for the use of Doral as a sleep aid. There is no quantity requested for the use of Doral. As such, the request is not medically necessary and appropriate.

Norco 10/325mg - Unspecified quantity: 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, on-going management Page(s): 78.

Decision rationale: The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of opioids be monitored for the efficacy and side effects and aberrant behaviors. There should be documentation of current pain, the least reported pain over the period since last assessment; average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. There was a lack of documentation for the above. There is insignificant documentation of functional improvement with the use of said medication. When on opioids, there is a need for urine drug screens which would address compliance with said medication. Also, there was no frequency for use. As such, the request for 60 tablets of Norco 10/325 mg between 04/29/2014 and 06/13/2014 is not medically necessary and appropriate.