

Case Number:	CM14-0084573		
Date Assigned:	09/08/2014	Date of Injury:	11/26/2000
Decision Date:	10/30/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 Colorado. 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 48 year old male with a date of injury on 11/26/2000. The injury resulted in chronic low back pain. The most current medical record of 7/20/14 notes persistent low back pain with radicular symptoms down left lower extremity. Medication documentation reports analgesia brings pain down from 8-9/10 to 4/10 with current medications. Percocet, Motrin, Lexapro bring pain down allowing for family interaction, independent activities of daily living and assisting with ill father in law. There are no adverse side effects reported. Last drug screen was positive for ethanol (ETOH). This was discussed and agreed that he cannot drink with medication or medications will be stopped. There is a signed agreement contract. Daily average pain is 6-7 going up to 8-9/10 with Motrin and Percocet bringing it down to 3-4/10 allowing him to exercise and carry out his daily activities. Lactulose and Colace prevents constipation, Ambien helps sleep significantly, Prilosec helps prevent gastrointestinal upset; Lexapro helps overall with pain and motivation. Objective findings note ongoing tenderness of lumbar paraspinals with a left leg lift, ambulates with a cane, decreased range of motion. Diagnosis is history of lumbar surgery 2004, lumbar discogenic pain, degenerative disc changes per magnetic resonance imaging (MRI) in 2011 with annular tear at L4/5, degenerative disc L5/S1. A 5/7/14 follow up for persistent low back pain radiating down the left lower extremity. No change since last visit. His pain averages 6/10 can go to 9/10, with Percocet and Motrin can get down to a 3/10 which allow activities of daily living such as cooking cleaning, laundering, walking. No adverse effects or aberrant behaviors. Last random drug screen was consistent. No objective findings provided. Diagnosis is lumbar discogenic. His current medications are Percocet 10/325 3/day, Ibuprofen 800 mg bid, Ambien 10 mg qhs, Prilosec 20 mg/day, Lexapro 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

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

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

Decision rationale: The medical notes provided reflects that the injured worker is obtaining adequate analgesia from the use of this medication, functional maintenance/improvement is noted with ongoing use, no adverse side effects or aberrant use is noted. Thus, it's prescribing and documentation is consistent with the medical treatment guidelines. The requested Percocet 10/325mg #90 is not certified. The previous denial appears to be primarily based on no significant improvement or documentation of a single practitioner prescribing. The progress notes do reflect adequate analgesia from use of this medication, and while not specifically address that there is one practitioner, there is no indication of multiple providers prescribing this medication. Therefore, this request is medically necessary.

Percocet 10/325mg #90-dnd until 6/7/14: Upheld

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

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

Decision rationale: The requested treatment/service is not medically necessary; prescribing in advance without evaluating the injured worker is not supported. The medical treatment guidelines note that ongoing monitoring and documentation of analgesic effects, functional improvement, aberrant use or side effects should be documented regularly. Thus, this is not consistent with the medical treatment guidelines. Therefore the requested Percocet 10/325mg #90-dnd until 6/7/14 is not medically necessary.

Motrin 800mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67.

Decision rationale: The requested treatment is not medically necessary; the chronic prescribing of this medication is not consistent with recommended use of this medication per the medical treatment guidelines. The medical records reflect that the injured worker has continuously been

prescribed high dose Motrin (800 mg twice per day), whereas, the medical treatment guidelines recommend the lowest dose for the shortest period of time. The guidelines note that for chronic low back pain this is an option for short-term symptomatic relief as there are significant side effects associated with the use of this medication. Thus, the ongoing chronic prescribing is not consistent with the recommended use and is not medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien)

Decision rationale: The requested treatment/service is or is not medically necessary, the chronic prescribing of the medication is not supported; there is no indication of efficacy of use and no clear documentation of the sleep disorder for which it is being prescribed. This medication is typically used for a sleep disorder and is not recommended for use beyond 6 weeks. The records reflect the chronic prescribing of this medication and the clinic notes do not document a sleep disorder. Therefore the requested Ambien 10mg #60 is not certified.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Proton Pumps (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular pages 67-68. Page(s).

Decision rationale: The requested treatment is not medically necessary; there is inadequate documentation for the use of this medication. The medical notes do not reflect that the injured worker is at risk or has any gastrointestinal symptoms for the use of this medication. The medical treatment guidelines note that use of this medication depends on several factors including age, risk of gastrointestinal (GI) complications, symptoms or history of gastric ulcer or gastroesophageal reflux disease (GERD). There is no documentation of any risk or any of these conditions identified. Therefore the requested Prilosec 20mg #60 is not medically necessary.

Lexapro 10mg #60-dispensed 5/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Anxiety medications in chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

Decision rationale: The requested treatment/service is not medically necessary, the medication is being utilized for a condition that is not diagnosed or medically addressed in the treatment notes. The medical records reflect that the injured worker is being treated for chronic back pain and the medication being prescribed is recommended for depression. The treatment notes do not address an adequate assessment or diagnosis of depression causally related to his back pain. Therefore the requested Lexapro 10mg #60-dispensed 5/7/14 is not medically necessary.