MAXIMUS Federal Services

Case Number:	CM14-0127151		
Date Assigned:	08/13/2014	Date of Injury:	07/10/2003
Decision Date:	07/09/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on July 10, 2003, incurring back injuries after lifting. He noted increased back pain with numbness down his right leg after the injury. Treatments included back support, physical therapy, pain medications and work restrictions. He had no relief of pain at that time. Magnetic Resonance Imaging revealed lumbosacral disc degeneration and mild facet arthropathy. X-rays in October 2003, showed disc space narrowing. He was diagnosed with a lumbar sprain and lumbar discopathy. In 2005, he underwent a lumbar fusion and removal of spinal hardware in 2007. Additional treatment included transcutaneous electrical stimulation unit, injections, antidepressants and aqua therapy. Currently, the injured worker complained of constant, chronic back pain, depression and insomnia. The treatment plan that was requested for authorization included one NESP-R program detoxification consultation, and prescriptions for Norco, Omeprazole and Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NESP - R program detoxification consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 06/27/14 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L5-S1 posterior lumbar interbody fusion 04/30/05 and status post hardware removal 05/07/07. The request is for 1 NESP - R PROGRAM DETOXIFICATION CONSULTATION. RFA not provided. Patient's diagnosis on 06/27/14 includes multiple spinal surgeries with junctional discopathy, status post fusion plus hardware removal, hardware pain, low back pain, sciatica, junctional discopathy with HNP at L4-5, and right hip tendonitis. Patient's gait is antalgic. Physical examination to the lumbar spine on 06/27/14 revealed tenderness to palpation to the bilateral midline lumbar spine. Range of motion was decreased, especially on extension 5 degrees. Decreased sensation at the L5 and S1 dermatomes noted bilaterally. Treatment to date included surgeries, injections, TENS, aqua therapy and medications. Patient's medications include Norco, Omeprazole and Butrans. The patient is permanent and stationary since October 2013, per 06/27/14 report. Treatment reports were provided from 04/26/13 - 10/16/14. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treating physician provides monitoring of the patient's progress and makes appropriate recommendations. Per 06/27/14 report, treater states "if [the patient] were to have a pain management referral with [redacted] for his NESP-R program consultation chronic pain management prescription with the patient with his office, this would be of benefit for [the patient]." ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic low back pain that remains in spite of treatments and surgery, and long-term opioid medication use, detoxification program consult may be beneficial to the patient. The request for consultation appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

1 prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-90.

Decision rationale: Based on the 06/27/14 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L5-S1 posterior lumbar interbody

fusion 04/30/05 and status post hardware removal 05/07/07. The request is for 1 PRESCRIPTION OF NORCO 10/325MG #90. RFA not provided. Patient's diagnosis on 06/27/14 includes multiple spinal surgeries with junctional discopathy, status post fusion plus hardware removal, hardware pain, low back pain, sciatica, junctional discopathy with HNP at L4-5, and right hip tendonitis. Patient's gait is antalgic. Physical examination to the lumbar spine on 06/27/14 revealed tenderness to palpation to the bilateral midline lumbar spine. Range of motion was decreased, especially on extension 5 degrees. Decreased sensation at the L5 and S1 dermatomes noted bilaterally. Treatment to date included surgeries, injections, TENS, aqua therapy and medications. Patient's medications include Norco, Omeprazole and Butrans. The patient is permanent and stationary since October 2013, per 06/27/14 report. Treatment reports were provided from 04/26/13 - 10/16/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 04/26/13, 06/24/14, and 10/03/14. Per 06/27/14 report, treater states the patient's "medication of Norco is needed for his pain. He should not go without medication for pain. The Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. UDS dated 04/05/13 revealed consistent results with prescriptions, but no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

1 prescription of Omeprazole 20mg #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, Chronic (Proton Pump Inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk page(s): 69.

Decision rationale: Based on the 06/27/14 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L5-S1 posterior lumbar interbody fusion 04/30/05 and status post hardware removal 05/07/07. The request is for 1 PRESCRIPTION OF OMEPRAZOLE 20MG #60. RFA not provided. Patient's diagnosis on 06/27/14 includes multiple spinal surgeries with junctional discopathy, status post fusion plus

hardware removal, hardware pain, low back pain, sciatica, junctional discopathy with HNP at L4-5, and right hip tendonitis. Patient's gait is antalgic. Physical examination to the lumbar spine on 06/27/14 revealed tenderness to palpation to the bilateral midline lumbar spine. Range of motion was decreased, especially on extension 5 degrees. Decreased sensation at the L5 and S1 dermatomes noted bilaterally. Treatment to date included surgeries, injections, TENS, aqua therapy and medications. Patient's medications include Norco, Omeprazole and Butrans. The patient is permanent and stationary since October 2013, per 06/27/14 report. Treatment reports were provided from 04/26/13 - 10/16/14. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been included in patient's medications, per progress reports dated 04/26/13, 06/27/14, and 10/03/14. Per 06/27/14 report, treater states "the long-term use of Norco has caused some GI upset. Therefore, I am also prescribing Omeprazole for stomach upset [the patient] has been recently taking over-the counter medications with relief, trying Advil and aspirin as other medicines were not approved..." In this case, the patient is not formally on NSAIDs regimen to warrant prophylactic use of PPI, and there is no mention of dyspepsia due to NSAID therapy. The patient has been taking this Omeprazole for at least for 1 year and 3 months from UR date of 07/25/14, and there is no discussion of how the patient is doing with the PPI, and with what efficacy. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

1 prescription of Butrans 15mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans (Buprenorphine). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Butrans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: Based on the 06/27/14 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L5-S1 posterior lumbar interbody fusion 04/30/05 and status post hardware removal 05/07/07. The request is for 1 PRESCRIPTION OF BUTRANS 15MCG #4. RFA not provided. Patient's diagnosis on 06/27/14 includes multiple spinal surgeries with junctional discopathy, status post fusion plus hardware removal, hardware pain, low back pain, sciatica, junctional discopathy with HNP at L4-5, and right hip tendonitis. Patient's gait is antalgic. Physical examination to the lumbar spine on 06/27/14 revealed tenderness to palpation to the bilateral midline lumbar spine. Range of motion was decreased, especially on extension 5 degrees. Decreased sensation at the L5 and S1 dermatomes noted bilaterally. Treatment to date included surgeries, injections, TENS, aqua therapy and medications. Patient's medications include Norco, Omeprazole and Butrans. The patient is permanent and stationary since October 2013, per 06/27/14 report. Treatment reports were provided from 04/26/13 - 10/16/14. MTUS Guidelines pages 88 and 89 states, "Pain

should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Butrans has been included in patient's medications, per progress reports dated 02/14/14 and 06/24/14. Per 06/27/14 report, treater states "Butrans patch one patch per week is prescribed for pain relief." In this case, treater has not stated how Butrans reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. UDS dated 04/05/13 revealed consistent results with prescriptions, but no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.