

Case Number:	CM14-0131131		
Date Assigned:	08/20/2014	Date of Injury:	11/25/2002
Decision Date:	01/02/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 42 year old male who sustained a work related injury November 25, 2002. On May 19, 2014, the injured worker presented to the physician's office for an initial pain management evaluation. At that time he complained of; neck, right shoulder, low back, right hand, and right foot pain. Past medical history included diagnoses of gastritis, sleep disorder, morbid obesity, and hypertension. Previous surgeries included; right shoulder 2005, rectal fistula 2006, lumbar spine surgery in 2007 and 2010(L4-5 disc replacement and L5-S1 posterior fusion), right carpal tunnel release 2013, and percutaneous spinal cord stimulation trial January 2014. The injured worker is currently 5 feet 4 inches and 260 pounds, of which 125 pounds were gained since the initial injury. The physician included diagnoses of; post lumbar laminotomy syndrome, weight gain with super morbid obesity, poorly controlled hypertension, probable obstructive sleep apnea, recurrent falls, right thumb contracture and toe fracture, narcotic dependency, coccydynia, and bilateral shoulder impingement syndrome. The treatment plan included requests for; inpatient detox program, formal sleep study, baseline laboratory, podiatry consultation for right foot pain and fracture, MRI of the right hand, weight loss program, and medication management of Lotrel, Prilosec, Zantac, topical creams, Gabapentin, and Skelaxin(noted injured worker is receiving oxycontin, Percocet, and Norco from other physicians. A primary treating physician progress report dated June 24, 2014, finds the injured worker complaining of ongoing neck pain 7/10 with radiation down shoulders, low back pain 8.5/10 with radiation to bilateral buttocks and legs with numbness and tingling, right hand pain 7/10, right thumb pain 7.5/10 and difficulty sleeping. On physical examination; cervical spine reveals muscle guarding and spasm with tenderness in the trapezius on palpation, bilateral shoulder reveals positive impingement, supraspinatus, Neer's, and Allen's tests, bilateral hands and wrist there is diminished light touch of median and ulnar distribution of both hands, Phalen's

positive bilaterally, median nerve compression positive bilaterally, Katz hand diagram reveals carpal tunnel, and palpation of the lumbar spine reveals paraspinal musculature tenderness. Treatment plan includes follow-up with pain management physician, refill Norco and Lotrel 10/20mg, Zantac 300mg #30, Prilosec 20mg #60, Skelaxin 800mg # 60 and Topical Creams. On June 30, 2014, the pain management physician documents baseline AST 60 and ALT 85. MRI of the right hand performed June 24, 2014, reveals small focal cystic structure within the head of the fourth metacarpal bone, and a small cystic structure within the first metacarpal bone, probable simple cyst or benign lesion, and urine drug screen positive for opioids. Treatment plan included requests for authorization of drugs as listed above for June 24, 2014, with the exception of a recommendation to discontinue both Percocet and Norco due to elevated enzymes. Work status remains temporarily totally disabled. According to utilization review performed July 23, 2014, all medication requests were non-certified. Lotrel 10/20mg was partially certified June 13, 2014, with a 3 month supply and this is an overlapping request/supply; Prilosec 20mg #60 as there is no documented evidence of continued NSAID use or specific documentation of gastrointestinal complaints; Zantac 300mg #30 as there is no documented evidence of functional benefit with need for continuation; Topical Creams as there is no documented evidence of functional benefit from prior use; Skelaxin 800mg #60 as there is no documented evidence of objective functional benefit with prior use and it is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lotrel 10/20mg: 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)-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Cochrane Library, 2014, Amlodipine

Decision rationale: The MTUS and ODG are silent on the use of amlodipine. There is suggestion in a progress note by the PTP that the claimant's hypertension is induced by pain. The most recent progress report was 6/30/14, and it does not stipulate the number of amlodipine pills requested. Without this information, the medical necessity of this request cannot be affirmed. It should be noted that the UR physician noted that previous requests with refills for this medication were partially certified, and the rationale for the most recent denial is that the claimant should have sufficient number of pills for ongoing therapy at the time of the request.

Prilosec 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 (ODG)-TWC Pain Procedure Summary

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) 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 (200 g 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). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low. Additionally, the injured worker is not on systemic NSAIDs, though they have recently been prescribed topical diclofenac both in patch and gel form. As such, medical necessity cannot be affirmed.

Topical Creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS discusses the use of topical analgesic preparations. There is suggestion in a progress note by the PTP that the claimant's use of these medications will be for analgesia. The most recent progress report was 6/30/14, and it does not stipulate the specific ingredients nor medications. Claimant has recently been prescribed topical diclofenac both in patch and gel form. Without this information, the medical necessity of this request cannot be affirmed.

Skelaxin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 61.

Decision rationale: Per MTUS CPMTG p61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. With regard to muscle relaxants, the MTUS CPMTG p63 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records submitted for review indicate that the injured worker has been using this medication since at least 12/2013. As Skelaxin is not recommended for long-term use, and the most recent documentation did not contain documentation of muscle spasm, the request is not medically necessary. The documentation submitted for review indicates that the injured worker has been on this medication for greater than 3 months. As it is not recommended long term, the request is not medically necessary.