

Case Number:	CM14-0160358		
Date Assigned:	10/03/2014	Date of Injury:	01/13/2012
Decision Date:	02/11/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 13, 2012. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve a request for Menthoderm, gabapentin, Naprosyn, MS Contin, Norco, and omeprazole. Some of the determinations were partial approvals, including gabapentin, Norco, and MS Contin, apparently for weaning or tapering purposes. A progress note and RFA form of August 4, 2014 and a medical-legal evaluation of July 8, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. In a March 4, 2014 progress note, the applicant reported persistent complaints of jaw pain, tinnitus, and TMJ. The applicant also had ancillary complaints of erectile dysfunction. The applicant was using Norco five times daily, tizanidine, and omeprazole, it was noted. The applicant was still smoking, it was further noted. The applicant had received earlier lumbar spine surgery. Stated diagnoses included bruxism, anxiety, erectile dysfunction, trigeminal neuralgia, chronic low back pain, temporomandibular joint disorder, headaches, and tinnitus. Multiple medications were refilled, including Celexa and Levitra. The applicant's work status was not outlined, although it did not appear that the applicant was working. Pulmonary function testing, chest x-rays, an audiology consultation, a dental consultation, and an ENT consultation were sought. In a September 2, 2014 progress note, the applicant reported persistent complaints of low back pain, neck pain, migraines, muscle spasms, 8 to 9/10, generally severe. The applicant is using MS Contin three times a day, Norco three times a day, Norflex one to two times a day, Naprosyn twice daily, omeprazole for gastritis, Neurontin for neuropathic pain, and Menthoderm gel. 6 to 7/10 pain with medications versus 10/10 pain without medications was reported. The applicant was pending a spinal cord stimulator trial and lumbar medial branch blocks. Multiple medications were renewed,

including, MS Contin, Neurontin, Norco, Naprosyn, and Norflex. It was stated that the applicant's primary diagnosis was that of failed back syndrome. In an applicant's questionnaire dated September 6, 2014, the applicant acknowledged that he can only sit, stand, and walk up to 10 minutes continuously. The applicant stated that he could not sleep secondary to pain. The applicant denied any medication side effects and denied any stomach pain. 8/10 pain was reported. The applicant acknowledged that he was not working and had last worked in May 2012. In an August 20, 2014 progress note, the applicant was seemingly given permanent work restrictions. 7 to 8/10 low back pain was noted with difficulty sleeping, standing, and walking also evident. The applicant was using a cane at all times, as stated, including when taking a shower. The applicant stated that he did not feel capable of returning to work. On July 14, 2014, the applicant apparently presented to the emergency department reporting a flare of low back pain and left leg pain. The applicant was given injectable Valium, ketorolac, and Dilaudid in the emergency department. The applicant's medications reportedly included Norco, OxyContin, Zanaflex, Neurontin, Naprosyn, omeprazole, and Prilosec, it was stated at this point in time. The applicant reportedly had a negative gastrointestinal review of systems, it was stated on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic and Functional Restoration Approach to Chronic Pain Management section Page(s):.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first time treatment for neuropathic pain as/was is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. The applicant is having difficulty performing activities of daily living as basic as sitting, standing, and walking, despite ongoing medication consumption. The applicant has not worked since May 2012. The applicant apparently uses a cane at all times, including when taking a shower. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agent such as Norco, MS Contin, OxyContin, etc. The applicant continues to report pain complaints as high as 7 to 8/10, despite ongoing gabapentin usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Menthoderm gel 4 ounces #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic and Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Methoderm are recommended in the treatment of chronic pain as was/is present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant was/is off of work, has apparently not worked since 2012. The applicant continues to report pain complaints as high as 7/10 despite ongoing Methoderm since usage. Ongoing usage of Methoderm has failed to curtail the applicant's dependence on opioid agents such as Norco, MS Contin, OxyContin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Methoderm. Therefore, the request was not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic and Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant was/is off work. The applicant reported pain complaints as high as 8 to 9/10 despite ongoing medication consumption on September 2, 2014. The applicant was having difficulty performing activities of daily living as basic as standing and walking, was still using a cane it was stated, on multiple occasions, referenced above. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco and Morphine. Therefore, the request was not medically necessary.

MS Contin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic and Prescription Opioid Abuse in Chronic Pain Patients section Pa.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, and has not worked since 2012, the attending provider has acknowledged on several occasions, referenced above. The applicant continued to report pain complaints as high as 8 to 9/10 on September 2, 2014, despite ongoing MS Contin usage. The applicant was having difficulty performing activities of daily living as basic as standing, walking, sitting, and remains reliant on a cane. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy. Furthermore, the applicant's recent visit to the emergency department on July 14, 2014 is suggestive of prescription opioid abuse, per page 85 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Hydrocodone 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prescription Opioid Abuse in Chronic Pain Patients section and When to Continue Opioids topic Pa.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, and has not worked since 2012, the attending provider has acknowledged, despite ongoing Norco usage. The applicant's continued complaints of pain as high as 8 to 9/10 on September 2, 2014, likewise suggest that ongoing usage of Norco has not been altogether successful. Similarly, the commentary made by the attending provider and/or the applicant to the effect that the applicant is having difficulty performing activities of daily living as basic as standing, walking, sitting, etc., likewise did not make a compelling case for continuation of Norco. The applicant's trip to the emergency department on July 14, 2014 to obtain an injection of IM Dilaudid, furthermore, is a marker of prescription opioid abuse, per page 85 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Omeprazole 290mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, several progress notes, referenced above, contained no references to issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone including a September 2, 2014 office visit, referenced above. The applicant himself noted on a questionnaire dated September 2, 2014 that he was not having any medication side effects and was not having any issues with dyspepsia. Therefore, the request for omeprazole was not medically necessary.