

Case Number:	CM14-0186454		
Date Assigned:	12/01/2014	Date of Injury:	05/16/2005
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47 year old male with an injury date of 05/16/15. Based on the 10/27/14 progress report provided by treating physician, the patient complains of neck and low back pain. Physical examination to the cervical spine revealed tenderness to palpation to paraspinal muscles and facet joints from C3-C7 bilaterally, more on the right. Range of motion was reduced in all planes. Examination of the lumbar spine revealed tenderness over the lumbosacral paraspinals with related myofascial restrictions. Range on motion was decreased, especially on extension 5 degrees and straight leg raise test positive on the right. Patient reports that medications provide over 50% relief, making pain tolerable. Medications decrease his pain from 9/10 to 5/10. Patient "depends on medications to get him through his day and the ability to do anything type of functional mobility." The physician indicates in progress report dated 10/27/14, that "opioids are necessary for chronic intractable pain. Patient feels he can perform increased ADL's with his medications. Patient denies any significant side effects with the medications. There is no aberrant behavior. The patient signed an opioid contract." UDS dated 11/24/14 (post UR date of 11/05/14) showed results consistent with opiate prescription. Norco, Naproxen Sodium and Omeprazole were prescribed in progress reports dated 02/24/14 and 10/27/14. Omeprazole was prescribed for GI upset with NSAIDs and other medications. Baclofen was dispensed for muscles spasm in progress report dated 10/02/14. Diagnosis 02/24/14, 10/27/14, 11/24/14- lumbar radiculopathy- lumbar degenerative disc disease - low back pain - degenerative disc disease, cervical- neck pain- dysthymic disorder- GERD (gastroesophageal reflux disease). The utilization review determination being challenged is dated 11/05/14. Treatment reports were provided from 02/24/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck and low back pain rated 5/10 with and 9/10 without medications. Patient's diagnosis on 02/24/14, 10/27/14, and 11/24/14 included lumbar radiculopathy, lumbar and cervical degenerative disc disease, low back pain and GERD. Per the physicians report 10/27/14, patient "depends on medications to get him through his day and the ability to do anything type of functional mobility." Patient reports that medications provide over 50% relief, making pain tolerable. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 10/27/14, Omeprazole was prescribed for GI upset with NSAIDs and other medications. Patient had a diagnosis of GERD, and Naproxen Sodium and Omeprazole were prescribed in progress reports dated 02/24/14 and 10/27/14. Prophylactic use of Omeprazole would be indicated by guidelines, however the physician does not discuss how the patient is doing and why he needs to continue when it's been almost 9 months from the UR date of 11/05/14. Given the lack of documentation of continued need for this medication, the request is not medically necessary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 10/27/14, Omeprazole was prescribed for GI upset with NSAIDs and other medications. Patient had a diagnosis of GERD, and Naproxen Sodium and Omeprazole were prescribed in progress reports dated 02/24/14 and 10/27/14. Prophylactic use of Omeprazole would be indicated by guidelines, however treater does not discuss how the patient is doing and why he needs to continue when it's been almost 9 months from the UR date of 11/05/14. Given the lack of documentation of continued need for this medication, recommendation is for denial.

1 prescription of Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; lidoderm patches Page(s): 111-113; 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents with neck and low back pain rated 5/10 with and 9/10 without medications. Patient's diagnosis on 02/24/14, 10/27/14, and 11/24/14 included lumbar radiculopathy, lumbar and cervical degenerative disc disease, low back pain and GERD. Per the physicians report 10/27/14, patient "depends on medications to get him through his day and the ability to do anything type of functional mobility." Patient reports that medications provide over 50% relief, making pain tolerable. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. The physician has not provided reason for the request, nor indicated what body part would be treated. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation to paraspinal muscles and facet joints from C3-C7 bilaterally, more on the right. Range of motion was reduced in all planes. Examination of the lumbar spine revealed tenderness over the lumbosacral paraspinals with related myofascial restrictions. There is no evidence of localized pain that is consistent with neuropathic etiology in review of medical records. Request is not in line with MTUS indication; therefore the request is not medically necessary. Treater has not provided reason for the request, nor indicated what body part would be treated. Physical examination to the cervical spine on 10/27/14 revealed tenderness to palpation to paraspinal muscles and facet joints from C3-C7 bilaterally, more on the right. Range of motion was reduced in all planes. Examination of the lumbar spine revealed tenderness over the lumbosacral paraspinals with related myofascial restrictions. There is no evidence of localized pain that is consistent with neuropathic etiology in review of medical records. Request is not inline with MTUS indication. Recommendation is for denial.

1 prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiods Page(s): 60-61; 88-89; 76-78.

Decision rationale: The patient presents with neck and low back pain rated 5/10 with and 9/10 without medications. Patient's diagnosis on 02/24/14, 10/27/14, and 11/24/14 included lumbar radiculopathy, lumbar and cervical degenerative disc disease, low back pain and GERD. The physician indicates in progress report dated 10/27/14, that "opioids are necessary for chronic intractable pain. Patient feels he can perform increased ADL's with his medications. Patient denies any significant side effects with the medications. There is no aberrant behavior. The patient signed an opioid contract." UDS dated 11/24/14 (post UR date of 11/05/14) showed

results consistent with opiate prescription. Norco, Naproxen Sodium and Omeprazole were prescribed in progress reports dated 02/24/14 and 10/27/14. 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." The physician indicates in progress report dated 10/27/14, that "opioids are necessary for chronic intractable pain." In addressing the 4A's, the physician has provided documentation for analgesia with pain scales, denied adverse side effects and aberrant behavior; provided a UDS report which was consistent with opiate prescription and stated opioid contract signed. The physician also indicated that patient "depends on medications to get him through his day and the ability to do anything type of functional mobility." However, no outcome measures were provided, as well as specific ADL's and return to work discussion. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines (taper medication). Therefore the request is not medically necessary. 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." Treater states in progress report dated 10/27/14, that "opioids are necessary for chronic intractable pain." In addressing the 4A's, treater has provided documentation for analgesia with pain scales, denied adverse side effects and aberrant behavior; provided a UDS report which was consistent with opiate prescription and stated opioid contract signed. Treater stated that patient "depends on medications to get him through his day and the ability to do anything type of functional mobility." However, no outcome measures were provided, as well as specific ADL's and return to work discussion. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. Recommendation is for denial with taper of medication.

1 prescription of Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: The patient presents with neck and low back pain rated 5/10 with and 9/10 without medications. Patient's diagnosis on 02/24/14, 10/27/14, and 11/24/14 included lumbar radiculopathy, lumbar and cervical degenerative disc disease, low back pain and GERD. Per the physicians report 10/27/14, patient "depends on medications to get him through his day and the ability to do anything type of functional mobility." Patient reports that medications provide over 50% relief, making pain tolerable. Regarding muscle relaxants for pain, MTUS Guidelines page

63 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen." Baclofen quantity 60 was dispensed for muscles spasms in progress report dated 10/02/14, which is one month from UR date of 11/05/14. Per guideline, duration of use should be short-term due to diminished efficacy over time, and requested medication is listed as one with the least published evidence of clinical effectiveness. The physician is requesting another refill for quantity 60, which does not indicate intended short-term use. Therefore the request is not medically necessary.