MAXIMUS Federal Services

Case Number:	CM14-0188630		
Date Assigned:	11/19/2014	Date of Injury:	04/30/2008
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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:

This 57 year old injured worker (IW) was injured on 04/30/08 while at work. Since this incident, the IW has been treated for severe left knee pain and low back symptoms. At this time he complains of headaches that developed in August 2014 after being told he will probably need low back surgery. A neurological exam on 10/10/2014 was essentially normal and the headaches symptoms were consistent with tension -type headache. The IW also has some lightheadedness when standing and problems with balance associated with sudden standing. In this visit of 10/10/2014 the IW was reported to have anxieties over the potential surgery and was tearful. Psychotherapy was suggested as potentially beneficial, and it was suggested that he try to cut back on his pain medications. The IW is taking Naproxen 550mg twice a day as needed for pain and inflammation, Prilosec 20mg twice a daily as needed for gastric upset, Ambien 10 mg at bedtime for sleep, and Norco 10/325 mg every 6-8 hours as needed for severe pain. A request for authorization was submitted on 08/25/2014 for Naproxen 550mg quantity # 60 with one refill, Prilosec 20 mg quantity # 60 with one refill, Ambien 10 mg quantity #30 with one refill, and Norco 10/325 quantity # 60 with one refill with the current diagnosis of spinal discopathy. A record review included in the medical record states that over the life of the claim, the IW has been treated for pain in both knees. Both knees have had arthroscopic surgery. The left knee had left total knee arthroplasty 01/19/ 2012 and in January 2014 the IW complained of lumbar spine aggravation from a right total knee arthroplasty. He has had physical therapy for the knees. His back pain has been treated with lumbar epidural injections. On 10/27/2014, utilization review (UR) returned a denial of Naproxen 550mg quantity # 60 with one refill, Prilosec 20 mg quantity # 60 with one refill, Ambien 10 mg quantity #30 with one refill, and Norco 10/325 quantity # 60 citing the California Medical Treatment Utilization Schedule (CA-MTUS) Chronic

pain Medical Treatment Guidelines, and the Official Disability Guidelines-Treatment in Workers Compensation (ODG-TWC) Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naparoxen 550mg, #60 w/1 refill, 1 tab PO BID PRN Inflammation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,Section 9792.20 Page(s): 67-68.

Decision rationale: Non-steroidal Anti-inflammatory medication (NSAIDs) such as Naproxen is recommended as second-line treatment after acetaminophen for acute low back pain and acute exacerbations of chronic pain. In general there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute low back pain. NSAIDs are recommended as an option for short-term symptomatic relief. They were found to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The Cochrane review of the literature also found that NSAIDs had more side effects than placebo, and acetaminophen but fewer effects than muscle relaxant and narcotic analgesics. In this case, the patient has been on Naproxen since at least July of 2014 based on the records that were available to me. There is no clear indication if the medication is beneficial as there is no rating of pain or improvement in function. The patient has also exceeded the short-term duration for treatment with Naproxen. Therefore, based on MTUS guidelines and the evidence in this case, the request for Naproxen 550mg 1 tab po bid prn inflammation #60 with 1 refill is not medically necessary.

Prilosec 20mg, #60 w/1 refill, 1 Cap PO BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, Section 9792.20 Page(s): 68.

Decision rationale: Based on MTUS guidelines, patients who are at risk for gastrointestinal events include: patients > 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as omeprazole DR), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton

pump inhibitor. In this case, the patient is younger than 65 years of age and there are no reports of previous or current gastrointestinal issues such as abdominal pain, gastritis, or gastrointestinal bleeding. There is no clear indication for use of a proton pump inhibitor such as Prilosec. Therefore, based on MTUS guidelines and the evidence in this case, the request for Prilosec 20mg 1 tab po bid prn #60 with 1 refill is not medically necessary.

Ambien 10mg, #30 w/1 refill, 1 tab PO QHS PRN Sleep: Upheld

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

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

Decision rationale: Based on the ODG guidelines, Zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2-6 weeks) treatment of insomnia. In this case, the patient has been on Zolpidem for at least a few months. It was documented as one of his medications in an office visit note from July 2014 which far exceeds the recommended duration of treatment. Also, there was no mention as to insomnia or difficulty sleeping documented in the files available to me. Therefore, based on ODG guidelines and the evidence in this case, the request for Ambien 10mg 1 tab po qhs prn #30 with 1 refill is not medically necessary.

Norco 10/325mg #60 w/1 refill, 1 tab PO Q6-8H PRN Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Section 9792.20 Page(s): 74-79.

Decision rationale: Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall

improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, there is no good documentation of adequate pain relief with the narcotic medication. There is no clear documentation as to level of pain on a qualified pain scale. Also, there is no documentation of functional improvement. The patient has been on Norco since at least July of 2014 without clear documentation of improvement. Therefore, based on MTUS guidelines and the evidence in this case, the request for Norco 10/325 mg 1 tab po q 6-8 hours prn #60 with 1 refill is not medically necessary.