

Case Number:	CM14-0188774		
Date Assigned:	11/19/2014	Date of Injury:	09/18/2012
Decision Date:	01/09/2015	UR Denial Date:	10/10/2014
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 Physical Medicine & Rehabilitation and Pain Management 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 56 year old male with date of injury 9/18/12. The treating physician report dated 9/27/14 (56) indicates that the patient presents with pain affecting the neck, left shoulder, and lower back. The physical examination findings reveal restricted range of motion of the left shoulder, cervical and lumbar spine, pain and tenderness of the right and left paraspinal muscles and L2-L5. Prior treatment history includes acupuncture, H-Wave 30 day trial and prescribed medications. MRI findings reveal posterior disc bulge of the lumbar spine at L4-5 and L5-S1, mild to moderate canal stenosis and bilateral exiting nerve root compromise at L5-S1, C5-6 and C6-7, posterior disc bulge of the cervical spine at C4-5, C5-6, C6-7 with moderate to severe left and mild to moderate right foramina narrowing at C5-6 and C6-7. The current diagnoses are: 1. Cervical S/S2. Lumbar S/S3. Lumbar radiculopathy4. Shoulder S/S

The utilization review report dated 10/10/14 denied the request for Protonix/Pantoprazole 20 mg # 60 based on a lack of documentation of medical necessity. The UR report modified the request for Norco 5/325 mg # 40 to initiate the downward titration and complete discontinuation of medication. The UR report denied the request for Flurbiprofen/Baclofen/ Dexamethasone/Menthol/Camphor/Capsaicin 240 gm based on the lack of documentation of medical necessity. The UR report modified the request for Urinalysis based on a lack of documentation of a previous urine drug screen, aberrant behavior and of drug misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix/Pantoprazole 20 mg # 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) Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the neck, left shoulder and lower back. The current request is for Protonix/Pantoprazole 20 mg # 60. The MTUS guidelines support the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. MTUS page 67 states, "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 anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." A report dated 5/29/14 notes that the patient was dispensed Naproxen 550mg and Protonix. Patient states he does not have any history of heart problems, colitis, bleeding or blood disorders in a report dated 4/24/14. There is no discussion of the patient experiencing any gastrointestinal events or a determination from the treating physician that the patient is at risk for gastrointestinal events. Furthermore the ODG recommends Protonix as a second-line option and no evidence of a first-line PPI was found in the documents provided. In this case there is not enough evidence in the documents provided in order for the request to satisfy MTUS guidelines. Recommendation is for denial.

Norco 5/325 mg # 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, left shoulder and lower back. The current request is for Norco 5/325 mg # 40. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 9/27/14 notes that patients pain levels improve while on medication. Patients lower back pain decreases from 7/10 to 3/10, left shoulder and neck pain decreases from 5-6/10 to 2/10. Physician states that patient's cervical radiculopathy has gotten worse. There is no documentation of any functional improvement while taking medication and not all of the required four A's are addressed. A report dated

8/13/14 notes that patient is TTD. The treating physician report dated 7/12/14 notes that the patient was dispensed Tramadol. There was no discussion of the efficacy of the medication in any of the treating physician reports provided. In this case, there is not sufficient documentation of functional improvement as required by the MTUS guidelines. Recommendation is for denial.

Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 240 gm: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, left shoulder and lower back. The current request is for Flurbiprofen/Baclofen/ Dexamethasone/Menthol/ Camphor/Capsaicin 240 gm. Regarding compound topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Baclofen as a topical analgesic. MTUS page 113 states, "There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." In this case Baclofen is not recommended; therefore the entire compound does not satisfy MTUS guidelines. Recommendation is for denial.

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

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

Decision rationale: The patient presents with pain affecting the neck, left shoulder and lower back. The current request is for Urinalysis. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. There is no documentation in any of the reports provided that notes the patient's risk level during his use of opiates and there is no evidence of any aberrant behavior. The ODG states, "If a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended." A toxicology report dated 10/6/14 notes that the patient tested positive for Tramadol, this medication was not reported as prescribed at the time of the test. There is no evidence of any previous UDS's prior to the report dated 10/6/14. The treating physician's request for a urinalysis prior to initiating an opioid treatment is within MTUS guidelines. Recommendation is for authorization.

