

Case Number:	CM14-0189180		
Date Assigned:	12/05/2014	Date of Injury:	03/26/2011
Decision Date:	01/15/2015	UR Denial Date:	10/17/2014
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 Family Medicine and is licensed to practice in New York. 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 is a 49 year old male with a work related low back injury dated 03/26/2011 after lifting a patient during a rescue. According to a physician's progress report dated 08/04/2014, the injured worker presented for pain management follow up with complaints of persistent back and right hip pain. He reported radiating pain down his right anterior thigh and right groin region and occasionally has severe muscle spasms in his back. Diagnoses included right sacrolilitis, right greater trochanteric bursitis, and left sided L5-S1 herniated nucleus pulposus. Recent treatments have consisted of ice application, home exercise program, medications, and therapeutic massage as needed. Past treatments have also included transforaminal lumbar epidural steroid injections in 2011. According to an Agreed Medical Evaluation dated 07/02/2012, diagnostic testing has included lumbar spine x-rays which noted that alignment was normal, cervical spine MRI from 05/23/2011 showed a mild bulge at C5-6 with no cord involvement, and lumbar spine MRI dated 05/23/2011 showed evidence of some discogenic bulging in the lower lumbar spine. Work status is noted as working as a full duty firefighter but disability status is noted as permanent and stationary. On 10/17/2014, Utilization Review non-certified the request for Hydrocodone/APAP 5/325mg #60 DOS: 08/04/2014, Omeprazole 20mg #60 DOS: 08/04/2014, and Naproxen 550mg #60 DOS: 08/04/2014 citing Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated there is no documentation or evidence of objective functional improvement in regards to the Hydrocodone/APAP or Naproxen. Regarding Omeprazole, the physician stated that patients at intermediate risk for gastrointestinal events can take a non-selective non-steroidal anti-inflammatory drug with either a proton pump inhibitor or misoprostol. But in this case, with non-certification of non-steroidal anti-inflammatory drug use, the medical necessity of this medication is not established. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #60 DOS: 8/4/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 78, 79, 80, 81.

Decision rationale: The members injury dates to an event on 26Mar11. At that time he was participating in his duties as a firefighter associated with an extraction that required carrying the 200 lb. injured victim approximately 2 miles over uneven surfaces. He was off work for 6 months, had a variety of interventions, still had ongoing back and hip pain but was deemed suitable for an unrestricted return to regular duties as a firefighter. He was declared permanent and stationary 2Jul12. He was not felt to require surgery. His ongoing problem list includes R Sacroiliitis, R Greater Trochanteric Bursitis and L L5-S1 HNP with occasional radiation of pain down the leg. At the visit in contention for the RFA for medications the member had had a flare in back pain as a result of the vehicle he was riding in hitting a speed bump. Prior to this the member had reported being able to decrease his use of opioids to the point that they effectively were being used as "rescue medications" for flares in pain. He was using the NSAID regularly at qi to bid as needed. The PPI was being used as needed. The key point was that he had returned to full unrestricted duty as a firefighter which can be a very physical occupation. He was still experiencing occasional episodes of muscle spasms for which he would use Zanaflex. His pain previously had been manageable at 6/10 and reported at this visit (acute flare) to be 8/10. Even so he reported that with these medications he experienced a 50% reduction in pain. During this flare he reported using the Norco once or twice a day. He denied side effects of the medications. His examination was compatible with his complaints. There was no alarm symptoms noted. A recent UDS was consistent with his statements and long term management plan. The 4A's for ongoing monitoring of opiate use include assessments for: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The member reported an adequate response to the opiates and up to the recent flare had been working without restriction as firefighter, denied side effects and displayed no actions that would suggest aberrant drug taking behaviors. Continued use of Opioids can be considered if (a) If the patient has returned to work (which he had) and (b) If the patient has improved functioning and pain (which he does). He did not meet any of the suggested criteria for discontinuation of opiates. Ongoing use of opiates had declined to only occasional use with flares. On balance the key is that with a very physical job as a firefighter the member was performing full unrestricted duties with no side effects with his current plan of action. While massage therapy was felt to be helpful he had been unable to attend with any regularity as the result of his busy and irregular schedule as a firefighter. On the basis of the above information I am reversing the prior UR decision and find that the current use of opiates is medically necessary.

Omeprazole 20mg #60 DOS: 8/4/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Incidence of Serious Upper Gastrointestinal Bleeding in Patients Taking Non-steroidal Anti-inflammatory Drugs in Japan, Ishikawa S, et al, Acta Med. Okayama, 2008, Vol 62, #1, 29-36

Decision rationale: A review of the available records does not indicate that the member explicitly complained of symptoms suggestive of side effects of the use of NSAID's. The member did not meet any of the categories associated with an increased risk of problems associated with NSAID's and as such their use prophylactically would not be considered necessary. A cohort study of 17,270 patients for whom NSAID's had been newly prescribed found only 8 bleeding gastric ulcers over the course of a year of use for an incidence of 2.65 per 1000 patient years of use confirming a low incidence for the most concerning side effect therefore Omeprazole 20mg #60 DOS: 8/4/14 is not medically necessary.

Naproxen 550mg #0 DOS: 8/4/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 13, 22.

Decision rationale: I do not concur with the contention that there was no objective evidence of functional benefit from use of the NSAID's. The most critical element consistent with objective functional improvement is this member's return to full unrestricted employment. His pain prior to the examination in contention was 6/10. With the flare it had increased to 8/10. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function as well as changes in use of other analgesic medication. The member reported that he saw a 50% reduction in pain through use of medications as well as being able to wean the opiate use down to the level of a "rescue" medication. In patients with moderate to severe disease initial treatment with an NSAID may be warranted. A Cochrane Review on this subject suggested that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis than acetaminophen in terms of pain reduction, global assessments and improvement of functional status. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (such as Naproxen) in chronic LBP. On the basis of the above information I am reversing the prior UR decision and find that the current use of opiates is medically necessary.