

Case Number:	CM14-0194250		
Date Assigned:	12/02/2014	Date of Injury:	01/25/2010
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 39 year old male with an injury date of 01/25/10. Based on the 02/12/14 progress report, the patient complains of low back pain which has been slowly increasing. "He has had at least six instances where he has felt a popping sensation in his back, which greatly increased his pain for up to 5-10 minutes. On examination, there is tenderness throughout the lumbar musculature. Range of motion of the lumbar spine is restricted in flexion and extension. Straight leg raise elicits low back pain. The 06/20/14 report indicates that the patient has felt his left leg buckle a few times. The 09/11/14 report states that the patient rates his low back and leg pain as a 7-8/10. No additional positive exam findings were provided. The patient's diagnoses include the following are lumbar strain, moderate, radiculitis, right lower extremity, dyspepsia and mild4.s/p lumbar fusion L3-4, HNP at L5-S1 (MRI date not provided). The utilization review determination being challenged is dated 10/28/14. There were three treatment reports provided from 02/12/14, 06/20/14, and 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 2.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: According to the 09/11/14 report, the patient presents with low back and leg pain which he rates as a 7-8/10. There is no indication of when the patient began taking Norco. The 09/11/14 report states that the patient can "continue to take Norco 2.5/325 mg. 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 4A's (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. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco is not medically necessary. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco IS NOT medically necessary.

Retro: Diclofenac Sodium 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60-61, 22.

Decision rationale: According to the 09/11/14 report, the patient presents with low back and leg pain which he rates as a 7-8/10. The request is for RETRO DICLOFENAC SODIUM 100 MG. The patient has been taking Diclofenac Sodium as early as 02/12/14. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen has done for the patient's pain and function and why it's prescribed, as required by MTUS page 60. The requested Diclofenac Sodium is not medically necessary.

Protonix 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68, 69.

Decision rationale: According to the 09/11/14 report, the patient presents with low back and leg pain which he rates as a 7-8/10. He has been taking Protonix as early as 02/12/14. The patient is currently taking Norco, Diclofenac Sodium, and Protonix. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks 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 anticoagulant; 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." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is currently taking Diclofenac Sodium. Per 09/11/14 report, the patient is diagnosed with mild dyspepsia and the request is in line with MTUS indications. The requested Protonix is medically necessary.