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| Case Number: | CM14-0195558 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 02/17/1998 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 and 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 56 year old male with an injury date of 02/17/98. There is only one progress report (10/22/14) that is dated before the Utilization Review Denial letter, and it does not provide any information about the patient's subjective complaints and objective findings. Another progress report dated 11/11/14 (after the UR date) states that the patient complains of low back pain with intermittent, sharp stabbing pain in the buttocks. The UR letter also documents worsening chronic low back pain with no gastrointestinal issues. Diagnoses, 11/11/14:- Hypertension- Diabetes- Lumbar degenerative disc disease- Myofascitis- Nerve root irritation- Facet joint disease- Obesity. The treating physician is requesting for (a) 1 PRESCRIPTION OF NABUMETONE 750 mg # 60 (b) 1 PRESCRIPTION OF OMEPRAZOLE 20 mg # 60 (c) 1 PRESCRIPTION OF AMITRIPTYLINE 10 mg # 120 WITH 1 REFILL. The utilization review determination being challenged is dated 10/23/14. The rationale follows: (a) 1 PRESCRIPTION OF NABUMETONE 750 mg # 60 - "As noted before, the patient had a history of Nabumetone use since August 2014. The available documentation showed that patient's pain with medication use recently increased from 5/10 to 8/10." (b) 1 PRESCRIPTION OF OMEPRAZOLE 20 mg # 60 - "In recent reporting, the patient did not complain of gastrointestinal symptoms to warrant the medication." (c) 1 PRESCRIPTION OF AMITRIPTYLINE 10 mg # 120 WITH 1 REFILL - Modified to 1 prescription of Amitriptyline without the refill. Treatment reports were provided from 10/22/14 - 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nabumetone 750mg #60: Overturned

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

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

Decision rationale: This patient presents with low back pain and intermittent, sharp stabbing pain in the buttocks, based on progress report dated 11/11/14 (after the UR denial dated). The request is for 1 PRESCRIPTION OF NABUMETONE 750 mg # 60. Only one progress report (10/22/14) dated prior to the Utilization Review Denial letter was provided, and it did not contain any information pertinent to the patient's subjective complaints, objective findings, or treatment plans. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain stating, "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 (NSAIDs) in chronic LBP..." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Nabumetone is noted in progress report dated 11/11/14 (after the UR date). In the report, the treating physician states that the patient's pain is "controlled with medications on board, allowing for work duties and most ADLs." Although the UR denial letter states that the patient has been using Nabumetone since August 2014, and "The available documentation showed that patient's pain with medication use recently increased from 5/10 to 8/10," the situation surrounding the increase in pain is not understood. The patient should be allowed the use of the NSAID at the treating physician's discretion given the patient's functional level and work status. The request IS medically necessary.

1 prescription of Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with low back pain and intermittent, sharp stabbing pain in the buttocks, based on progress report dated 11/11/14 (after the UR denial dated). The request is for 1 PRESCRIPTION OF OMEPRAZOLE 20 mg # 60. Only one progress report (10/22/14) dated prior to the Utilization Review Denial letter was provided, and it did not contain any information pertinent to the patient's subjective complaints, objective findings, or treatment plans. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to

a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been taking NSAID Nabumetone since August 2014, as per the UR denial letter. In progress report dated 11/11/14 (after the UR denial date), the treating physician states that the patient has "controlled constipation w / meds." However, the treating physician does not discuss any gastrointestinal issues secondary to NSAID use. The UR denial letter states that "In recent reporting, the patient did not complain of gastrointestinal symptoms to warrant the medication." Review of available reports do not show any GI complaints and the request IS NOT medically necessary.

1 prescription of Amitriptyline 10mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with low back pain and intermittent, sharp stabbing pain in the buttocks, based on progress report dated 11/11/14 (after the UR denial dated). The request is for 1 PRESCRIPTION OF AMITRIPTYLINE 10 mg # 120 WITH 1 REFILL. Only one progress report (10/22/14) dated prior to the Utilization Review Denial letter was provided, and it did not contain any information pertinent to the patient's subjective complaints, objective findings, or treatment plans. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In progress report dated 11/11/14 (after the UR denial date), the treating physician states that the patient denies depressed mood, anxiety, sleep difficulties, and stressors. However, the UR denial letter states that "The most recent examination showed that the patient had a very depressed mood." Hence, the reviewer modified the request and authorized 1 prescription of Amitriptyline without refill. Since MTUS requires a record of improvement in pain and function for the extended use of anti-depressants in patients with chronic pain, this determination appears reasonable. Hence, the request for 1 prescription of Amitriptyline with refill IS NOT medically necessary.