

Case Number:	CM14-0196715		
Date Assigned:	12/04/2014	Date of Injury:	03/10/2007
Decision Date:	03/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male injured worker suffered and industrial injury on 3/10/2007. The details of the injury accident and subsequent treatment were not included in the documentation provided. The current diagnoses included right knee arthroscopy with chronic pain (unknown date), left knee pain, degenerative joint disease in bilateral knees, chronic sprain/strain of the lumbar spine. On 6/30/2014 the provider requested hinged knee braces for both knees. The provider visit on 6/2/2014 noted the exam to reveal tenderness upon palpation to the lumbar spine muscles with reduced range of motion. The right and left knee had tenderness on the joint with crepitus and reduced range of motion. The visit on 8/25/2014 was for medications refill only. The UR decision on 10/28/2014 non-certified the retrospective requests for the following: 1. Xanax 0.5mg #30 was modified to #10 for taper over 2 weeks as there was lack of supportive documentation in the guidelines for use beyond 4 weeks. 2. Neurontin 300 mg #60 was denied as there was no objective evidence on exam or imaging of any neuropathy. 3. Norco 5mg #60 was denied as there was lack of current documentation of signs and symptoms, recent treatments and response to treatments. 4. Prilosec 20mg #60 was denied as there was no documentation of any current gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Xanax 0.5mg for Insomnia #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain and weakness in his lower back and both of his knees. The request is for RETRO FOR XANAX 0.5mg #30. The utilization review 10/28/14 denied the request of Xanax stating, given the lack of guidelines support for ongoing use beyond 4 weeks. For benzodiazepines, the MTUS Guidelines page 24 states, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. The review of the reports indicates that the patient has been utilizing Xanax for insomnia caused by anxiety since at least 05/19/14. The MTUS Guidelines recommends maximum of 4 weeks due to unproven efficacy and risk of dependence. The requested Xanax IS NOT medically necessary.

Retrospective request for Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-20.

Decision rationale: The patient presents with pain and weakness in his lower back and both of his knees. The request is for RETRO FOR NEURONTIN 300mg #60. The utilization review 10/28/14 denied the request of Neurontin, stating no documented evidence of diabetic painful neuropathy, postherpetic neuralgia or other neuropathic pain. The patient has been utilizing Neurontin since at least 04/28/14. MTUS guidelines page 18 and 19 states that "Gabapentin -- Neurontin, Gabarone, generic available-- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, while the patient presents with low back and knee pains, there is no indication of neuropathic pain. Furthermore, the treater does not document whether or not this medication has been helpful in any way. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Retrospective request for Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The patient presents with pain and weakness in his lower back and both of his knees. The request is for RETRO FOR PRILOSEC 200mg #60. The utilization review 10/28/14 denied the request of Prilosec, stating no documented evidence of gastritis, peptic ulcer disease or otherwise elevated risk of gastrointestinal events. The patient has been utilizing Prilosec since at least 05/19/14. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request of Prilosec IS NOT medically necessary.

Retrospective request for Norco 5mg, for pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and both of his knees. The request is for RETRO FOR NORCO 5mg #60. The patient has been utilizing Norco since at least 04/28/14. Regarding chronic opiate use, MTUS guidelines page 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. The review of the reports does not show any discussion specific to this medication other than the treater's request for refills. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco IS NOT medically necessary.