MAXIMUS Federal Services

Case Number:	CM14-0202201		
Date Assigned:	12/12/2014	Date of Injury:	10/25/1999
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 man who sustained a work-related injury on October 25, 1999. Subsequently, the patient developed chronic low back pain. According to the progress report dated November 19, 2014, the patient continued to complain of low back pain with left lower extremity neuropathy pain, which he described as burning and electrical. He remained symptomatic with numbness affecting the right thigh. The patient has undergone lumbar fusion from L4 through S1. There has been a recommendation to extend the fusion to L3-L4. The patient stated his last epidural injection received aggravated his symptoms; however, previous injections appeared to be beneficial. The patient stated that he has been approved for electrodiagnostic studies of the lower extremities. The patient received modified certification for Norco and denials for Omeparzole and meloxicam. Examination of the lumbar spine revealed bilateral lumbar paraspinous tenderness with 1+ muscle spasms. There were no palpable circumscribed trigger bands palpated. Range of motion was limited with flexion at 40 degrees, extension at 15 degrees, right lateral flexion at 15 degrees, and left lateral flexion at 15 degrees. There was positive straight leg raise at 30 degrees on the left. Muscle testing: anterior tibialis, left 4/5 and right 5/5; peroneus longus/brevis, left 4/5 and right 5/5; and extensor halluces longus, left 4/5 and right 5/5. Sensory exam revealed hypesthesia over the left posterior and lateral thigh, the lateral aspect of the left foot, and the dorsum of the left foot. There was allodynia detected over the lateral and dorsal aspect of the left foot. Patellar reflex was 2+ and symmetrical bilaterally. Achilles reflex was trace on the left and 1+ on the right. The UDS done on August 27, 2014 was consistent with the prescribed medications. The patient was diagnosed with chronic low back pain status post L4-5 and L5-S1 posterior lumbar interbody fusion on January 19, 2001 with removal of fusion hardware on November 12, 2003; lumbar postlaminectomy syndrome; bilateral lower extremity radiculopathy, left greater than right,

adhesive arachnoiditis at L4-5, mild central spinal stenosis L3, diffuse degenerative hypertrophic facet arthropathy from L1 to L4 per MRI lumbar spine of July 29, 2014; reactionary depression; and failed spinal cord stimulator trial on April 26, 2007. The provider requested authorization for Omeprazole, Meloxicam, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Omeprazole: NSAIDs GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Proton pump inhibitors (PPIs)

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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 gastro duodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #60 prescription is not medically necessary.

1 prescription of Meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

Decision rationale: According to MTUS guidelines, Mobic (Meloxicam) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. Furthermore and according to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, non-selective NSAIDS section, Mobic is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. Although the patient developed a chronic back pain that may require Mobic, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no

documentation of pain and functional improvement with previous use of NSAID. Therefore, the prescription of Meloxicam 15mg #30 is not medically necessary.

1 prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.