

Case Number:	CM14-0203042		
Date Assigned:	12/15/2014	Date of Injury:	06/21/2011
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 41-year-old female who has a history of a work injury occurring on 06/21/11 when, while working as a Customer Service Representative, she was loading a computer chair into a van and had a "pop" in her low back. She subsequently developed radiating left leg symptoms and bladder problems. She underwent a lumbar laminectomy and discectomy in January 2012 and a lumbar spine fusion in April 2013. She was seen by the requesting provider on 06/17/14. She had undergone two lumbar spine injections. She was having ongoing radiating low back and severe left leg pain. She was continuing to struggle with her symptoms. There is reference to trying to wean Norco. Authorization for a gym membership was requested. She was referred for further evaluation. Omeprazole, cyclobenzaprine, Norco, atenolol, Ambien, Urecholine were prescribed. On 09/09/14 she was requesting medications. Authorization for a spinal cord stimulator trial was pending. Medications were refilled. On 10/21/14 she was having steadily worsening back pain. Pool exercise was recommended. Pantoprazole, cyclobenzaprine, Norco 10/325 mg #120, atenolol, Urecholine, and Ambien were prescribed. On 11/03/14 she was having low back and left leg pain and numbness and bilateral elbow, wrist, and finger pain. Medications were Urecholine, Flexeril, gabapentin, Ambien, and atenolol. She was on temporary total disability. Physical examination findings included use of a cane. She had bilateral wrist flexor and extensor tenderness. There was left lower extremity weakness with absent left lower extremity sensation. Straight leg raising produced back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole DR 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 3 years status post work-related injury. Treatments have included a lumbar laminectomy and discectomy in January 2012 and a lumbar spine fusion in April 2013. She continues to be treated for chronic radiating low back pain. Pantoprazole is recommended for patients taking non-steroidal anti-inflammatory medication and at intermediate or high risk for gastrointestinal events or with mild to moderate cardiovascular risk factors. In this case, the claimant not taking a non-steroidal anti-inflammatory medication and has no ongoing gastrointestinal symptoms. Therefore, Pantoprazole was not medically necessary.

Hydrocodone/APAP 10/325 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 3 years status post work-related injury. Treatments have included a lumbar laminectomy and discectomy in January 2012 and a lumbar spine fusion in April 2013. She continues to be treated for chronic radiating low back pain. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of hydrocodone/acetaminophen was medically necessary.

Urecholine 25 mg, ninety count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (1) Diagnosis and Treatment of Overactive Bladder (non-neurogenic) in Adults: AUA/SUFU Guideline, 2014 (2) Urecholine Prescribing Information

Decision rationale: The claimant is more than 3 years status post work-related injury. Treatments have included a lumbar laminectomy and discectomy in January 2012 and a lumbar spine fusion in April 2013. She continues to be treated for chronic radiating low back pain. Urecholine (bethanechol chloride) is indicated for the treatment of acute postoperative and postpartum non-obstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention. In this case, the claimant does not have documented urinary retention or a history of condition or injury to either the bladder or its innervation. There is no physical examination documented that would support the need for prescribing Urecholine. Therefore, urecholine was not medically necessary.

Neurontin 30 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is more than 3 years status post work-related injury. Treatments have included a lumbar laminectomy and discectomy in January 2012 and a lumbar spine fusion in April 2013. She continues to be treated for chronic radiating low back pain. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore, as prescribed, not medically necessary.