

Case Number:	CM14-0203100		
Date Assigned:	12/15/2014	Date of Injury:	03/18/2010
Decision Date:	02/05/2015	UR Denial Date:	12/03/2014
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 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 50-year-old female with a date of injury of 03/18/2010. According to treatment report dated 11/20/2014, the patient presents with persistent continued low back pain that is rated as 10/10 in severity. The patient reports that the pharmacy has changed the brand for Norco and this did not control his pain. There was no physical examination noted on this date. Treatment plan is for Norco 10/325 mg for severe pain "which is not to be substituted due to efficacy," Lidoderm patches, sertraline 50 mg, and omeprazole 20 mg. The patient is temporarily totally disabled. Treatment report dated 09/25/2014 notes that the patient has 10/10 severe low back pain with lower extremity tingling and numbness. She reports continued difficulties with sitting and standing for long periods. The treating physician notes that the patient's pain is "helped with medication by 50%." Physical Examination revealed lumbar range of motion extension 15/30 and flexion is 30/90. There is tenderness over lumbosacral and muscle spasms. Muscle strength is decreased in the lower extremity, 4/5. The patient requires the assistance of a single point cane for ambulation. The patient is depressed and tearing up uncontrollably. The listed diagnoses are: 1. Lumbosacral/joint/ligament sprain/strain. 2. Lumbar radiculopathy. 3. Myofascial pain. 4. Poor coping with chronic pain. 5. Sleep disturbance. Treatment plan on this date was for follow-up with a psychiatrist, CBT 6 sessions, and refill of medications. This is a request for refill of sertraline 50 mg, omeprazole 20 mg, Norco 10/325, and Lidoderm patches. The utilization review denied the request on 12/03/2014. The medical file provided for review includes progress reports from 03/26/2014 through 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertaline 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Chronic pain Medications for chronic pain Page(s): 13-14; 107; 60-61.

Decision rationale: This patient presents with severe chronic low back pain that radiates into the lower extremities. The current request is for sertraline 50 mg #60. The MTUS Guidelines page 13 to 14 has the following under antidepressants, "selective serotonin reuptake inhibitors (SSIRs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSIRs may be an addressing psychological symptoms associated with chronic pain." Review of the medical file indicates the patient has been prescribed this medication for depression due to pain since at least 03/26/2014. In this case, the patient suffers from depression for which this medication is intended for; however, the treating physician does not provide any discussion regarding this medication's efficacy. The MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Sertraline IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with severe chronic low back pain that radiates into the lower extremities. The current request is for omeprazole 20 mg #60. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh 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)." MTUS further 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's current medication regimen includes gabapentin, Methoderm, sertraline, omeprazole, Norco, and Lidoderm patches. According to progress report dated 09/25/2014, Omeprazole is prescribed for gastritis. There are no further discussions regarding GI issues. In this case, there is no indication that the patient is taking NSAID to

consider the use of omeprazole. Additionally, the patient is under 65 years of age, and there is no documented history of gastrointestinal issues in the progress reports. The treater does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. The requested Omeprazole IS NOT medically necessary.

Norco 10/325mg #90: Upheld

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

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

Decision rationale: This patient presents with chronic severe low back pain that radiates into the lower extremities. The current request is for Norco 10/325 mg #90. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "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 4As (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. Review of the medical file indicates the patient has been utilizing Norco since at least 03/26/2014. In this case, the treating physician notes in his progress reports that the patient's current pain level is continually rated as 10/10. It is noted the patient has severe low back pain and has difficulty with sitting or standing for long periods of time. Progress reports also continually note that "helped with medication by 50%". It is unclear how 50% decrease in pain equivalents to a pain level of 10/10. In this case, recommendation for further use of Norco cannot be supported as there is no discussion regarding functional improvement, changes in ADL, or return to work status to show significant functional improvement. There is no before and after pain scale to denote decrease in pain. In fact, the treater continually notes the patient has severe pain rated as 10/10. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57.

Decision rationale: This patient presents with chronic severe low back pain. The current request is for Lidoderm patches. The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The

MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. This appears to be an initial request for these patches. In this case, the patient does not present with localized peripheral pain but suffer from chronic low back pain. In addition, there is no evidence of failed trials of antidepressants and anti-convulsants as recommended by MTUS. This patient does not meet the criteria for lidocaine patches. This request IS NOT medically necessary.