

Case Number:	CM14-0204122		
Date Assigned:	12/16/2014	Date of Injury:	08/04/2011
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 7, 2014, the claims administrator partially approved Norco, apparently for weaning purposes, approved gabapentin, denied Nexium, and denied topical Lidoderm. The claims administrator denied a request for Nexium on causation grounds, stating that the medical documentation did establish the presence of reflux, but that it was "not clear what medication has caused this gastritis." The applicant's attorney subsequently appealed. In a progress note dated December 20, 2013, the applicant reported issues with chronic low back pain status post earlier lumbar laminectomy and fusion in 2008. The applicant was using interferential stimulator. The applicant had ancillary issues with GERD, constipation, depression, sleep disorder. Norco, Neurontin, Nexium, topical compounds, Zolof, Desyrel, Lidoderm, and Flector were renewed or continued. Permanent work restrictions imposed by medical-legal evaluator were also renewed. On July 24, 2014, a medical-legal evaluator opined that the applicant had ongoing issues with gastroesophageal reflux, constipation, and a surgically repaired umbilical hernia with reported residuals of the same. The applicant had used Naprosyn in the past, it was suggested. The medical-legal evaluator noted on July 24, 2014, that the applicant still had issues with acid sensation everyday despite usage of Nexium. The medical-legal evaluator suggested that the applicant undergo an endoscopy to determine the source of the applicant's reflux. The medical-legal evaluator stated that the applicant's issues with reflux could potentially be a function of an umbilical hernia or hiatal hernia of some kind. The medical-legal

evaluator suggested that the ongoing usage of Nexium had not proven altogether effective as the applicant was still having breakthrough symptoms reflux despite ongoing usage of the same. In an August 1, 2014 medical-legal evaluation, the medical-legal evaluator conducted a comprehensive survey of records and noted that the applicant's treating physicians had noted on November 8, 2013 and February 20, 2014, that the applicant had ongoing issues with reflux and gastritis, for which the applicant was reportedly using Nexium. On September 20, 2014, the applicant underwent a permanent spinal cord stimulator implantation. On June 28, 2014, the applicant was again asked to continue Norco, Neurontin, Nexium, topical Lidoderm, topical compounds, Zolof, and Desyrel. The applicant was asked to hold nonsteroidal anti-inflammatory medications. The progress note contained little to no discussion of medication efficacy. On April 15, 2014, the attending provider stated that the applicant had severe residuals of low back pain, was doing quite poorly, and had a difficult and painful gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant was described on multiple pain management visits, referenced above, as doing poorly having severe residual low back pain, having gait derangement, etc. The attending provider, in short, failed to outline any evidence of material of significant benefit derived from ongoing Norco usage. Therefore, the request was not medically necessary.

Nexium 40 MG Every Hour: 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, and Cardiovascular Risk topic, Functional Restoration Approach to Chronic P.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of

recommendations. Here, however, the attending provider has not clearly outlined evidence of any benefit achieved as a result of ongoing Nexium usage. The attending provider simply renewed Nexium on multiple office visits, referenced above, without any explicit discussion of medication efficacy. There was no mention of how (or if) ongoing usage of Nexium had or not proven beneficial here. A medical-legal evaluator, however, noted on July 24, 2014, that Nexium was not effectively attenuating the applicant's symptoms of acid, indigestion, and reflux. Continuing Nexium in the face of the applicant's seemingly poor response to the same is not, thus, indicated here. Therefore, the request was not medically necessary.

Topical Lidoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no explicit mention or discussion of anticonvulsant adjuvant medication and/or antidepressant adjuvant medication failure prior to introduction, selection, and/or ongoing use of Lidoderm. The applicant was, furthermore, described as using Neurontin (gabapentin) an anticonvulsant adjuvant medication on May 13, 2014, seemingly obviating the need for Lidoderm patches at issue. Therefore, the request was not medically necessary.