

Case Number:	CM14-0205461		
Date Assigned:	12/17/2014	Date of Injury:	05/17/1995
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 and Rehabilitation, 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 55 year old male with an injury date of 05/17/95. Based on the 06/18/14 progress report, the patient complains of persistent low back pain which radiates to the right lower extremity and up to his mid-calf. He describes this pain as a stabbing type of pain. The 09/11/14 report indicates that the patient has low back pain which he rates as a 4-5/10 and pain shooting up to his right knee. Standing and walking aggravates his pain and is associated with right leg cramps. The patient has spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine. He has a stiff, antalgic gait on the right side, dysesthesia is noted to light touch in the right L5 dermatome, and he has tenderness in the lumbar facet joints bilaterally. The 11/05/14 report states that the patient rates his low back pain as a 4/10 which radiates to his bilateral gluteal region up to his bilateral knee and right lower extremity to the right foot. No additional positive exam findings were provided. The patient's diagnoses include the following: 1) lumbar degenerative disc disease 2) status post lumbar disectomy 3) bilateral sacroilitis 4) lumbar facetal pain 5) myofascial pain The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 08/06/13- 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg tabs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman And Gilman's The Pharmacological Basis of Therapeutics, 12th Ed McGraw Hill, 2010; and the Formulary, www.odg-twc.com/odgtwc/formulary.htm; and drugs.com

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

Decision rationale: The patient presents with low back pain which radiates to his bilateral gluteal region up to his bilateral knee and right lower extremity to the right foot. The request is for Norco 10/325 mg tabs #120. The patient has spasms in the lumbar paraspinal muscles, stiffness in the lumbar spine, a stiff/antalgic gait on the right side, dysesthesia to light touch in the right L5 dermatome, and tenderness in the lumbar facet joints bilaterally. The patient has been taking Norco since 06/18/14. MTUS Guidelines pages 88 through 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 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or out measures that includes 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. On 09/11/14, the patient rated his pain as a 4-5/10 and on 11/05/14, he rated his low back pain as a 4/10. No further discussions were provided regarding Norco's efficacy. Although there are pain scales mentioned, not all 4 A's are addressed as required by MTUS. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco is not medically necessary.

Omeprazole 20 mg #30 1 po qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman And Gilman's The Pharmacological Basis of Therapeutics, 12th Ed McGraw Hill, 2010; and the Formulary, www.odg-twc.com/odgtwc/formulary.htm; and drugs.com

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

Decision rationale: The patient presents with low back pain which radiates to his bilateral gluteal region up to his bilateral knee and right lower extremity to the right foot. The request is for Omeprazole 20 mg #30 1 PO QD. The patient has spasms in the lumbar paraspinal muscles, stiffness in the lumbar spine, a stiff/antalgic gait on the right side, dysesthesia to light touch in the right L5 dermatome, and tenderness in the lumbar facet joints bilaterally. The patient has been taking Omeprazole as early as 06/18/14. MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1)

Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High dose/multiple NSAID. MTUS page 69 states NSAIDs, GI symptoms, and cardiovascular risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. As of 09/11/14, the patient is taking Norco, Naproxen Sodium, and Omeprazole. He has been taking Omeprazole since 06/18/14. In this case, there are no discussions regarding what Omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Given the lack of discussion as to this medication's efficacy, and lack of rationale for its use, the requested Omeprazole is not medically necessary.

Naproxen Sodium #30 1 po qd for pain due to lumbar spine injury, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman And Gilman's The Pharmacological Basis of Therapeutics, 12th Ed McGraw Hill, 2010; and the Formulary, www.odg-twc.com/odgtwc/formulary.htm; and drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, and Anti-inflammatory medications. Page(s): 60, 61,22.

Decision rationale: The patient presents with low back pain which radiates to his bilateral gluteal region up to his bilateral knee and right lower extremity to the right foot. The request is for Naproxen sodium #30 1 PO QD for pain due to lumbar spine injury, as an outpatient. The patient has spasms in the lumbar paraspinal muscles, stiffness in the lumbar spine, and a stiff/antalgic gait on the right side, dysesthesia to light touch in the right L5 dermatome, and tenderness in the lumbar facet joints bilaterally. The patient has been taking Naproxen Sodium as early as 06/18/14. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." The patient has been taking Naproxen Sodium since 06/18/14. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of documentation regarding what Naproxen has done for the patient's pain and function and why it is prescribed, as required by MTUS page 60. The requested Naproxen Sodium is not medically necessary.