

Case Number:	CM14-0215832		
Date Assigned:	01/05/2015	Date of Injury:	11/06/1992
Decision Date:	03/16/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year-old female who has reported neck pain after an injury on 11/6/92. The diagnoses include cervical spondylosis, whiplash injury, post-laminectomy syndrome of the cervical spine status post C4 through C6 anterior cervical discectomy and fusion, and cervicogenic headache. The mechanism of injury was not present in the records provided. Treatment has included medications, physical therapy, and spine surgery. Per the treating physician report of 10/9/14, reduction in opioids was difficult. There was ongoing neck pain, 5/10 in severity. Abdominal pain was denied and no gastrointestinal symptoms were listed. Work status was not listed. The medications now under Independent Medical Review were prescribed. The treatment plan also included medial branch blocks, surgical referral, and physical therapy. Per the treating physician report of 11/7/14, there was ongoing neck pain, 5/10 in severity. Abdominal pain was denied and no gastrointestinal symptoms were listed. Examination showed tenderness to palpation of the cervical paraspinal muscles with decreased range of motion of the neck. The physician documented that the injured worker stated that opioid medication is decreasing her pain level and improving her function; however, there was no discussion of specific functional results of treatment or the specific indications and results for any of the current medications. Work status was not listed. The medications now under Independent Medical Review were prescribed. The treatment plan also included medial branch blocks, surgical referral, and physical therapy. On 12/1/14 UR addressed the medical necessity for the medications now under Independent Medical Review. Utilization Review noted prior UR non-certifications for medications based on lack of functional improvement and the MTUS

recommendations. The opioids were again non-certified based on the MTUS guidelines and lack of functional improvement. Duexis was non-certified based on the Official Disability Guidelines recommendations and lack of indications for a combination drug. Maxalt was non-certified based on lack of functional improvement. Prilosec was non-certified based on the lack of indications and the guideline recommendations (MTUS, Mosby).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain..

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Utilization Review has noted these same issues. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Work status and specific evidence of functional improvement were not presented. There is no record of a urine drug screen program. Per the available records, MS Contin is not medically necessary based on lack of benefit from opioids to date (particularly the lack of functional improvement), and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Utilization Review has noted these same issues. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does

not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Work status and specific evidence of functional improvement were not presented. There is no record of a urine drug screen program. Per the available records, Norco is not medically necessary based on lack of benefit from opioids to date (particularly the lack of functional improvement), and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (updated 10/30/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69. Decision based on Non-MTUS Citation Pain chapter, Duexis.

Decision rationale: Duexis contains ibuprofen and famotidine. There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There is no account of any gastrointestinal symptoms. Cotherapy with an NSAID and acid-reducing medication is not indicated in patients other than those at high risk, and the co-therapy recommended by the MTUS is with a proton pump inhibitor (PPR) such as omeprazole, or with misoprostol, rather than with a histamine receptor blocker such as famotidine. No reports describe the specific risk factors present in this case. Duexis has been prescribed along with omeprazole, a proton pump inhibitor, making therapy for acid reduction duplicative. The Official Disability Guidelines recommend against using Duexis as a first line drug, and recommend using NSAIDs and PPIs alone instead. Duexis is not medically necessary based on lack of medical necessity.

Maxalt #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Head Procedure Summary (updated 11/17/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, Triptans.

Decision rationale: The MTUS does not provide direction for the use of triptans. The Official Disability Guidelines recommend triptans for migraine headaches. There is no diagnosis of migraine headaches in this case. The only reference in the records to headache etiology is that of a cervicogenic cause. None of the records discuss the specific indications, results, and benefits for Maxalt. Based on the available records, Maxalt is not medically necessary.

Prilosec 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 - TWC Pain Procedure Summary (updated 10/30/14); and the Non-MTUS Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There is no mention of any gastrointestinal symptoms. The injured worker has been prescribed Duexis, which contains ibuprofen (a NSAID) and famotidine. Cotherapy of a proton pump inhibitor (PPI) with a nonsteroidal anti-inflammatory agent (NSAID) is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole has been prescribed along with another acid reducing medication (Duexis) which is duplicative. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.