

Case Number:	CM14-0097353		
Date Assigned:	07/28/2014	Date of Injury:	03/04/2004
Decision Date:	02/13/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 36 year old male with date of injury 3/4/04. The treating physician report dated 5/1/14 (75) indicates that the patient presents with pain affecting the low back with radiation down to bilateral lower extremities. The patient complains that his pain increases with any type of bending, twisting, or turning. The physical examination findings of the patient's posterior lumbar musculature reveal tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. The patient had decreased range of motion with both flexion and extension with obvious guarding noted. Straight-leg raise is significantly positive on the left at about 30 degrees in the modified sitting position. Also noted was a decreased sensation globally on the left lower extremity. Prior treatment history includes physical therapy, a spinal cord stimulator, 4 trigger point injections, lumbar laminectomy, and prescribed medications of Norco, Xanax, Prilosec, Anaprox, Ambien, Dendracin topical analgesic cream, and FexMid. MRI findings reveal a 4-mm disc protrusion at L4-5, with bilateral neural foraminal narrowing and effacement of the L4 exiting nerve roots. There was a 2.5mm disc bulge at L5-S1, effacing the thecal sac and S1 transiting nerve roots. There was bilateral neural foraminal narrowing, as well a transitional vertebral segment at the LS junction. The current diagnoses are: 1. Lumbar post-laminectomy syndrome 2. Status post PLIF at L4-5 11/12/073. Bilateral lower extremity radiculopathy, left greater than right 4. Situational depression 5. Spinal cord stimulator placement 6. Cervical spine myoligamentous injury 7. Xerostomia with resultant dental decay due to industrial medication use 9. Medication induced gastritis The utilization review report dated 6/10/14 denied the request for Retrospective review for Prilosec 20 mg/tab; 1 tab 2 X a day #60 DOS 05/01/14, Retrospective review of Norco 10-325 mg/tablet, 6-8 tablets a day, quantity: 240,

DOS 05/01/14, Retrospective review of Anaprox DS 550 mg/tablet, 1 tablet 2 times a day, quantity: 60 DOS 05/01/14 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Prilosec 20 mg/tab; 1 tab 2 X a day #60 DOS 05/01/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the low back with radiation down to bilateral lower extremities. The current request is for Retrospective review for Prilosec 20 mg/tab; 1 tab 2 X a day #60 DOS 05/01/14. The treating physician report dated 5/1/14 (76) states that the patient has been experiencing less GI discomfort while on Prilosec 20 mg twice a day. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. The patient has been taking an NSAID in the form of Anaprox since at least 10/18/13. In this case, the physician has noted several MTUS risk factors including NSAID's, chronic pain, stress, poor eating habits/nutrition, alcohol, and smoking use. Furthermore, the physician has diagnosed the patient with medication induced gastritis and has noted that the patient's GI discomfort is reduced while taking Prilosec. The current request satisfies MTUS guidelines as outlined on page 68. The request is medically necessary.

Retrospective review of Norco 10-325 mg/tablet, 6-8 tablets a day, quantity: 240, DOS 05/01/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back with radiation down to bilateral lower extremities. The current request is for Retrospective review of Norco 10-325 mg/tablet, 6-8 tablets a day, quantity: 240, DOS 05/01/14. The treating physician report dated 5/1/14 states the patient relies on his oral analgesic medications, which enables him to continue to work for [REDACTED]. It is also noted on a report dated 10/18/13 that the patient was requiring escalating doses of Norco. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be

indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Norco since at least 10/18/13. While it is noted in a report dated 05/1/14 that the patient finds Norco 6 to 8 tablets a day to be "beneficial" there is no direct assessment of the patient's pain levels in any of the documents provided. Furthermore, the patient complains that his pain remains constant and has only documented significant pain relief from prior trigger point injections and his spinal cord stimulator. The patient also tested positive for medications inconsistent with his prescription therapy on a previous UA. In this case, even though evidence of functional improvement has been documented and the 4 A's are addressed, there are no records provided that document the patient's pain levels with and without medication usage. The MTUS guidelines require much more documentation of the medications efficacy in relation to the patient's pain levels in order to recommend continued opioid usage. The request is not medically necessary.

Retrospective review of Anaprox DS 550 mg/tablet, 1 tablet 2 times a day, quantity: 60 DOS 05/01/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Page(s): 60.

Decision rationale: The patient presents with pain affecting the low back with radiation down to bilateral lower extremities. The current request is for Retrospective review of Anaprox DS 550 mg/tablet, 1 tablet 2 times a day, quantity: 60 DOS 05/01/14. The treating report dated 5/1/14 states that, "each medication is used alone and in conjunction with other meds prescribed to relieve chronic pain as well as increase level of function and improve quality of life." The report goes on to state that the patient remains on his current oral analgesic medications which he feels has been beneficial. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has stated that Anaprox in conjunction with Norco has been beneficial and enables him to continue to work for [REDACTED]. The current request for Anaprox is medically necessary as the threshold for continuation outlined on page 60 of the MTUS is much less than the minimum documentation required for ongoing opioid usage. The patient notes improvement with this medication and is working. The request is medically necessary.