

Case Number:	CM15-0007562		
Date Assigned:	01/22/2015	Date of Injury:	02/19/2012
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a year old who sustained an industrial injury on 02/19/2012. Diagnoses include discogenic lumbar condition with disc disease from L2 through L5, chronic pain syndrome, and depression. Treatment to date has included medications, epidural injections, physical therapy, acupuncture, chiropractic therapy, and Transcutaneous Electrical Nerve Stimulation Unit (TENS Unit). A physician progress note dated 11/13/2014 documents the injured worker is very emotional. Back flexion is 5 degrees, extension is 0 degrees, and tilting is 10 degrees. There is tenderness along the lumbosacral area. She walks with a cane. Treatment requested is for Retro Effexor Slow Release 7.5mg #60, Retro Nalfon 400mg #60, and Retro Protonix 20mg #60. On 12/15/2014 Utilization Review non-certified the request for Retro Effexor Slow Release 7.5mg #60, and cited California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/15/2014 Utilization Review non-certified the request for Retro Nalfon 400mg #60 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/15/2014 Utilization Review non-certified the request for Retro Protonix 20mg, # 60 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72. Decision based on Non-MTUS Citation Pain, Fenoprofen (Nalfon)

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. Fenoprofen (Nalfon, generic available): 200, 600 mg. Dosing: osteoarthritis; (off-label use for ankylosing spondylitis); 300, 600mg PO 3 to 4 times per day (Max daily dose is 3200mg). Improvement may take as long as 2 to 3 weeks. Mild to moderate pain (off-label use for bone pain): 200mg PO every 4 to 6 hours as needed. The patient does have documented back pain. Medical records do indicate that the patient has been on NSAID for several years and would not be considered shortest amount of treatment time. Additionally, the medical records do not subjectively define the pain well and does not subjectively or objectively annotate improvement. As such, the request for Fenoprofen Calcium 400mg #0 is not medically necessary.

Retro Effexor Slow Release 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interventions and treatments Page(s): 15-16.

Decision rationale: Venlafaxine is classified as a serotonin and norepinephrine reuptake inhibitor, commonly used as an antidepressant. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS further details "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." And "Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation."The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. As such, the request for Venlafaxine 7.5mg #60 is not medically necessary.

Retro Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; GI risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain; NSAIDS

Decision rationale: Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Pantoprazole 20mg #60 is not medically necessary.