

Case Number:	CM15-0104971		
Date Assigned:	06/09/2015	Date of Injury:	11/05/2003
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old, male who sustained a work related injury on 11/5/03. The diagnoses have included lumbar post-laminectomy syndrome, status post lumbar fusion, status post opiate detoxification, medication-induced gastritis, neurogenic bladder, erectile dysfunction, reactionary depression/anxiety and intrathecal morphine pump placement. Treatments have included intrathecal morphine pump, oral medications, home exercises, self-procured gym membership, aqua therapy, physical therapy, lumbar spine surgery, and use of a spinal cord stimulator. The PR-2 dated 4/22/15, the injured worker complains of persistent neck and low back pain. He rates his pain level a 7-8/10. He has tenderness to palpation of lumbar spine with increased muscle rigidity; He has several trigger points palpable. He has decreased range of motion with muscle guarding. He has a positive straight leg raise with the left leg. He complains of significant nausea and vomiting. He has not tolerated a decrease in Zofran dosage. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti inflammatory drugs Page(s): 79-80;81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient complains of persistent neck and low back pain, as per progress report dated 04/22/15. The request is for NORCO 10/325 mg QUANTITY 90. There is no RFA for this case, and the patient's date of injury is 11/05/03. The patient is status post intrathecal pump installation on 08/11/11 and is being administered Morphine on a daily basis. Diagnoses, as per progress report dated 04/22/15, included lumbar post-laminectomy syndrome, medication-induced gastritis, neurogenic bladder and erectile dysfunction, high blood pressure, depression and anxiety with associated sleep disturbances, and erectile dysfunction secondary to chronic use. The patient is status post L5-S1 fusion on 07/08/04 and status post revision spinal cord stimulator on 04/30/09. Medications included Norco, Neurontin, Prilosec, Zofran, Carafet, AndroGel, Norvasc, Diovan, Dexilant, Lipitor, intrathecal Morphine, and intrathecal Bupivacaine. The patient's work status has been documented as permanent and stationary, as per the same report. MTUS Guidelines pages 88 and 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 outcome measures that include 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." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, the patient has been taking Norco at least since 11/25/14. In the report, the treater states that the patient experiences "about 30% pain relief with the Norco as well as the ability to increase his functional abilities throughout the day." As per progress report dated 04/22/15, the patient has been taking two to four Norco tablets per day. The treater states that "We routinely review, and the patient must demonstrate, improved functional restoration, ADLs, sleep pattern, elevated mood, quality of life, and ability to RTW." The patient is also monitored for "at risk" behavior with UDS and CURES, and the patient renews opiate agreement every six months. A recent UDS report dated 03/27/15 was consistent. The treater, however, does not provide specific examples of ADLs that indicate increase in function. In fact, in report dated 04/22/15, the treater states that the patient is "having difficulty with most ADLs." Hence, it is not known that the patient would be unable to self-care based on the condition provided. Given the lack of efficacy in terms of improvement in function, the request IS NOT medically necessary.

Dexilant (delansoprazole) 60mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors.

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

Decision rationale: The patient complains of persistent neck and low back pain, as per progress report dated 04/22/15. The request is for DEXILANT (DELANSOPRAZOLE) 60mg QUANTITY 30. There is no RFA for this case, and the patient's date of injury is 11/05/03. The patient is status post intrathecal pump installation on 08/11/11 and is being administered Morphine on a daily basis. Diagnoses, as per progress report dated 04/22/15, included lumbar post-laminectomy syndrome, medication-induced gastritis, neurogenic bladder and erectile dysfunction, high blood pressure, depression and anxiety with associated sleep disturbances, and erectile dysfunction secondary to chronic use. The patient is status post L5-S1 fusion on 07/08/04 and status post revision spinal cord stimulator on 04/30/09. Medications included Norco, Neurontin, Prilosec, Zofran, Carafet, AndroGel, Norvasc, Diovan, Dexilant, Lipitor, intrathecal Morphine, and intrathecal Bupivacaine. The patient's work status has been documented as permanent and stationary as per the same report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been taking Dexilant at least since 11/25/14. The patient has been diagnosed with medication-induced gastritis. In progress report dated 04/22/15, the treater states that the patient "should continue to avoid all oral NSAIDs." MTUS supports the use of PPI inhibitors for medication-induced gastritis from oral NSAIDs. However, given the discontinuation of NSAIDs at least since 11/25/14, the request for Dexilant IS NOT medically necessary.

Zofran 4mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Anti Emetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient complains of persistent neck and low back pain, as per progress report dated 04/22/15. The request is for ZOFRAN 4mg QUANTITY 30. There is no RFA for this case, and the patient's date of injury is 11/05/03. The patient is status post intrathecal pump installation on 08/11/11 and is being administered Morphine on a daily basis. Diagnoses, as per progress report dated 04/22/15, included lumbar post-laminectomy syndrome, medication-induced gastritis, neurogenic bladder and erectile dysfunction, high blood pressure, depression and anxiety with associated sleep disturbances, and erectile dysfunction secondary to chronic use. The patient is status post L5-S1 fusion on 07/08/04 and status post revision spinal cord stimulator on 04/30/09. Medications included Norco, Neurontin, Prilosec, Zofran, Carafet,

AndroGel, Norvasc, Diovan, Dexilant, Lipitor, intrathecal Morphine, and intrathecal Bupivacaine. The patient's work status has been documented as permanent and stationary as per the same report. Transponder (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use." In this case, Zofran is first noted in progress report dated 11/25/14. As per the progress report, the patient has "significant gastrointestinal discomfort and chronic nausea and vomiting for which he requires a Zofran." In progress report dated 4/22/15, the treater states, "when I try to give him less Zofran, he complains of significant nausea and vomiting on those days. The patient tries to alter his medical regimen timing, but nausea is chronic and seems to only be treated well with Zofran." ODG Guidelines, however, support the use of Zofran for nausea and vomiting secondary to chemotherapy and radiation treatment only and not for nausea secondary to chronic opioid use. Hence, the request IS NOT medically necessary.

Carafate 1gm quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration, Carafate (Sucralfate).

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

Decision rationale: The patient complains of persistent neck and low back pain, as per progress report dated 04/22/15. The request is for CARAFATE 1gm QUANTITY 120. There is no RFA for this case, and the patient's date of injury is 11/05/03. The patient is status post intrathecal pump installation on 08/11/11 and is being administered Morphine on a daily basis. Diagnoses, as per progress report dated 04/22/15, included lumbar post-laminectomy syndrome, medication-induced gastritis, neurogenic bladder and erectile dysfunction, high blood pressure, depression and anxiety with associated sleep disturbances, and erectile dysfunction secondary to chronic use. The patient is status post L5-S1 fusion on 07/08/04 and status post revision spinal cord stimulator on 04/30/09. Medications included Norco, Neurontin, Prilosec, Zofran, Carafet, AndroGel, Norvasc, Diovan, Dexilant, Lipitor, intrathecal morphine, and intrathecal bupivacaine. The patient's work status has been documented as permanent and stationary as per the same report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H₂-receptor antagonists or a PPI." In this case, the patient has been taking Carafate at least since 11/25/14. The patient has been diagnosed with medication-induced gastritis. In progress report dated 04/22/15, the treater states that the patient "should continue to avoid all oral NSAIDs." MTUS supports the use of PPI inhibitors for medication-induced gastritis from oral NSAIDs. However, given the discontinuation of NSAIDs at least since 11/25/14, the request for Carafate IS NOT medically necessary.

AndroGel 2% quantity unspecified: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter on testosterone.

Decision rationale: The patient complains of persistent neck and low back pain, as per progress report dated 04/22/15. The request is for ANDROGEL 2% QUANTITY UNSPECIFIED. There is no RFA for this case, and the patient's date of injury is 11/05/03. The patient is status post intrathecal pump installation on 08/11/11 and is being administered Morphine on a daily basis. Diagnoses, as per progress report dated 04/22/15, included lumbar post-laminectomy syndrome, medication-induced gastritis, neurogenic bladder and erectile dysfunction, high blood pressure, depression and anxiety with associated sleep disturbances, and erectile dysfunction secondary to chronic use. The patient is status post L5-S1 fusion on 07/08/04 and status post revision spinal cord stimulator on 04/30/09. Medications included Norco, Neurontin, Prilosec, Zofran, Carafet, AndroGel, Norvasc, Diovan, Dexilant, Lipitor, intrathecal Morphine, and intrathecal Bupivacaine. The patient's work status has been documented as permanent and stationary as per the same report. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Pain chapter on testosterone replacement treatments for hypogonadism states that it is recommended in limited circumstances for patients taking high-dose, long-term opioids with documented low-testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term, high-dose opioids. In this case, the use of Androgel is first noted in progress report dated 11/25/14. In the report, the treater states that the patient has severe hypogonadism with very low testosterone "which is a direct result of chronic and long standing medication use including opiates." In report dated 04/22/15, the treater states, "His testosterone level is the lowest I have ever seen in my professional career." ODG guidelines support the use of testosterone replacement treatments such as Androgel in patients with low-testosterone levels and chronic opioid use. Hence, the request IS medically necessary.