

Case Number:	CM15-0109326		
Date Assigned:	06/15/2015	Date of Injury:	07/11/2007
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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 45 year old male, who sustained an industrial injury on 7/11/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical musculoligamentous strain, thoracic spine musculoligamentous strain with a thoracic 6 fracture and lumbosacral musculoligamentous strain. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation) unit and medication management. In a Qualified Medical Evaluator report dated 8/25/2014, the injured worker complains of cervical spine pain with radiation to the bilateral upper extremities, thoracic spine pain and lumbosacral pain with radiation to the bilateral lower extremities. Physical examination showed cervical, thoracic and lumbar spine tenderness. The treating physician is requesting Norco 10/325 mg #60 with 1 refill, Prilosec 20 mg #60 with 1 refill and Colace 100mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with neck pain radiating to upper extremities and low back pain radiating to lower extremities rated 4/10 with and 6/10 without medications. The request is for Norco 10/325mg #60 with 1 refill. The request for authorization is not provided. MRI of the lumbar spine, 05/29/14, shows disc desiccation at T12-L1 down to L5-S1. Physical examination of the lumbar spine reveals tenderness upon palpation in the spinal vertebral area L3-S1 levels. Range of motion is decreased due to pain. Sensory exam shows decreased sensitivity to touch along the L4-5 dermatome in bilateral lower extremities. Straight leg raise in the seated position was positive bilaterally. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care & hygiene, activity, ambulation and sleep. Patient's medications include Gabapentin, Dendracin, Hydrocodone/Apap and Omeprazole. Per progress report dated 06/03/15, the patient is not working. 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." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient's prescription history for Norco is not provided. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Prilosec 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

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 neck pain radiating to upper extremities and low back pain radiating to lower extremities rated 4/10 with and 6/10 without medications. The request is for Prilosec 20mg #60 with 1 refill. The request for authorization is not provided. MRI of the lumbar spine, 05/29/14, shows disc desiccation at T12-L1 down to L5-S1. Physical examination of the lumbar spine reveals tenderness upon palpation in the

spinal vertebral area L3-S1 levels. Range of motion is decreased due to pain. Sensory exam shows decreased sensitivity to touch along the L4-5 dermatome in bilateral lower extremities. Straight leg raise in the seated position was positive bilaterally. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation and sleep. Patient's medications include Gabapentin, Dendracin, Hydrocodone/Apap and Omeprazole. Per progress report dated 06/03/15, the patient is not working. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The patient's prescription history for Prilosec is not provided. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. In addition, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Furthermore, the patient is not taking any NSAIDs. Therefore, given lack of documentation as required by my guidelines, the request IS NOT medically necessary.

Colace 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient presents with neck pain radiating to upper extremities and low back pain radiating to lower extremities rated 4/10 with and 6/10 without medications. The request is for Colace 100mg #60 with 1 refill. The request for authorization is not provided. MRI of the lumbar spine, 05/29/14, shows disc desiccation at T12-L1 down to L5-S1. Physical examination of the lumbar spine reveals tenderness upon palpation in the spinal vertebral area L3-S1 levels. Range of motion is decreased due to pain. Sensory exam shows decreased sensitivity to touch along the L4-5 dermatome in bilateral lower extremities. Straight leg raise in the seated position was positive bilaterally. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation and sleep. Patient's medications include Gabapentin, Dendracin, Hydrocodone/Apap and Omeprazole. Per progress report dated 06/03/15, the patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 77, Under the heading: Therapeutic Trial of Opioids state that "... Prophylactic treatment of constipation should be initiated." Treater does not specifically discuss this medication. The patient's prescription history for Prilosec is not provided. MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. In this case, current list of medication prescribed to patient includes Norco, an opiate; however, the request for Norco is not authorized. Therefore, the request IS NOT medically necessary.