

Case Number:	CM15-0109641		
Date Assigned:	06/16/2015	Date of Injury:	02/20/2014
Decision Date:	07/21/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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 was a 53 year old female, who sustained an industrial injury, February 20, 2014. The injured worker previously received the following treatments functional capacity evaluation, laboratory studies, Cyclobenzaprine, Gabapentin, Diclofenac, Norco, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities on January 8, 2015, which showed occasional fibrillation potentials and positive sharp waves were elicited from the right abductor hallucis and right abductor digiti minimi muscles. Similar denervation potentials were elicited from the lower lumbosacral musculature, especially on the right. The injured worker was diagnosed with lumbar pain, lumbar myalgia, lumbar radiculopathy, lumbar strain/ sprain, right S1 strain/sprain, rule out lumbar disc protrusion and lumbar myospasms. According to progress note of April 10, 2015, the injured workers chief complaint was moderate 4 out of 10 pain, achy and throbbing lower back and stiffness radiating into the right leg to the heel. The pain was aggravated by sitting, standing, walking, over the head reaching and squatting. The physical exam noted lumbar paravertebral muscles and right S1 joint tenderness with palpation. There were spasms of the paravertebral muscles. The Kemp's test caused pain bilaterally. The straight leg raise testing was positive on the right. There was decreased range of motion in flexion and extension. The lateral bending right and left were normal. The treatment plan included prescriptions for Pantoprazole, Diclofenac and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Based on the 03/24/15 progress report provided by treating physician, the patient presents with low back pain rated 4/10. The request is for PANTOPRAZOLE 20MG #60. Patient's diagnosis per Request for Authorization form dated 04/21/15 includes lumbar myospasm, lumbar pain, and lumbar sprain/strain, rule out lumbar disc protrusion. Physical examination to the lumbar spine on 03/24/15 revealed muscle spasm and tenderness to palpation to paraspinal muscles and right SI joint. Kemp's causes pain bilaterally. Treatment to date included imaging and electrodiagnostic studies, functional capacity evaluation, laboratory studies, massage and medications. Patient's medications include Norco, Diclofenac, Pantoprazole and topical creams. The patient is off-work, per 04/10/15 report. Treatment reports were provided from 10/23/14 - 04/21/15. 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. " Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Pantoprazole has been included in patient's medications, per progress report dated 11/25/14 and RFA dated 04/21/15. Naproxen was included in 11/25/14 report, and Diclofenac in 04/21/15 report. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, the patient has been prescribed Pantoprazole at least since 11/25/14, which is more than 5 months from UR date of 05/07/15; and treater does not indicate how the patient is doing and why she needs to continue. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 03/24/15 progress report provided by treating physician, the patient presents with low back pain rated 4/10. The request is for DICLOFENAC 100MG #60. Patient's diagnosis per Request for Authorization form dated 04/21/15 includes lumbar myospasm, lumbar pain, and lumbar sprain/strain, rule out lumbar disc protrusion. Physical examination to the lumbar spine on 03/24/15 revealed muscle spasm and tenderness to palpation to paraspinal muscles and right SI joint. Kemp's causes pain bilaterally. Treatment to date included imaging and electrodiagnostic studies, functional capacity evaluation, laboratory studies, massage and medications. Patient's medications include Norco, Diclofenac, Pantoprazole and topical creams. The patient is off-work, per 04/10/15 report. Treatment reports were provided from 10/23/14 - 04/21/15. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. OGD-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Diclofenac has been included in patient's medications, per progress report dated 04/21/15. Naproxen was included in 11/25/14 report. It appears treater is initiating Diclofenac. Given patient's diagnosis and symptoms, a trial of Diclofenac would appear to be reasonable, since MTUS supports NSAIDs. However, OGD supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. Medical records indicate patient tried Naproxen, but treater has not discussed efficacy/failure of Naproxen, nor provided medical rationale for Diclofenac. In addition, treater has not provided patient's risk profile to warrant prescribing Diclofenac. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-90, 80.

Decision rationale: Based on the 03/24/15 progress report provided by treating physician, the patient presents with low back pain rated 4/10. The request is for Norco 10/325MG #100. Patient's diagnosis per Request for Authorization form dated 04/21/15 includes lumbar myospasm, lumbar pain, and lumbar sprain/strain, rule out lumbar disc protrusion. Physical examination to the lumbar spine on 03/24/15 revealed muscle spasm and tenderness to palpation to paraspinal muscles and right SI joint. Kemp's causes pain bilaterally. Treatment to date included imaging and electrodiagnostic studies, functional capacity evaluation, laboratory studies, massage and medications. Patient's medications include Norco, Diclofenac, Pantoprazole and topical creams. The patient is off-work, per 04/10/15 report. Treatment reports were provided from 10/23/14 - 04/21/15. 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. MTUS p77

states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. " 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 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 01/27/15, 03/24/15 and 04/21/15. It is not known when Norco was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities. " Per 12/30/14, 01/27/15 and 04/21/15 reports, urinalysis was performed, but results not discussed. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.