MAXIMUS Federal Services

Case Number:	CM15-0016027		
Date Assigned:	02/04/2015	Date of Injury:	01/26/1999
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 55-year-old male who sustained a work related injury on January 26, 1999, where he injured his back while working as a certified nurses' aide. Magnetic Resonance Imaging (MRI) showed lumbar spondylosis and discogenic degeneration with mild canal stenosis. Treatments included physical therapy, anti-inflammatory, narcotic and muscle relaxant medications. Currently, in February 2015, the injured worker admits to pain while walking, lying in bed and walking stairs. He states the pain radiates into his buttocks and legs. On January 23, 2015, a request for services of a prescription for Naproxen 500mg #60 with 1 refill between December 16, 2014 and March 21, 2015 was non-certified; one prescription for Zantac 150mg #60 with 1 refill was modified to a certification of 1 prescription of Zantac 150 mg #60 between December 16, 2014 and March 21, 2015; a request for 1 prescription of Soma 350mg #120 with 1 refill between December 16, 2014 and March 21, 2015 was non-certified; a request for 1 prescription of Norco 7.5/325mg #180 was modified to a certification of 1 prescription of Norco7.5/325mg #126 between December 16, 2014 and March 21, 2015; one prescription of Colace 100mg #60 with 1 refill was modified to a certification of 1 prescription of Colace 100mg #60 between December 16, 2104 and March 21, 2015; one prescription of Elavil 50mg #60 with 1 refill was modified to a certification of 1 prescription of Elavil 50 mg #60 between December 16, 2014 and March 21, 2015; and a request for 1 lab work for Vitamin D between December 16, 2014 and March 21, 2015 was non-certified by Utilization Review, noting the California 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:

1 prescription of Naproxen 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), NSAIDS Page(s): 67-71.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient denies use of NSAIDs, but the provider has continued to prescribe them. There is no documentation of any functional improvement. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

1 prescription of Zantac 150mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), PPI's Page(s): 68. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Zantac (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Zantac works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. They also counter the various problems that occur when stomach acid escapes into the esophagus, which if it happens on a regular basis, is GERD. In most trials, the PPIs have proved to be superior to the H2 blockers. In this case, with non-approval of NSAID use, the medical necessity of Zantac is not established. The requested medication is not medically necessary.

1 prescription of Soma 350mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle Relaxants Page(s): 29, 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant prescribed in this case. This medication is sedating. This injured worker has chronic pain and has been utilizing Soma for over one (1) year. There is no documentation on physical exam of muscle spasms. In addition, there are no reports showing any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Per the MTUS, Soma is not indicated. The requested medication is not medically necessary.

1 prescription of Norco 7.5/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Norco is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records, as well. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication, Norco, is not recommended.

1 prescription of Colace 100mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Colace is not established. The requested medication is not medically necessary.

1 prescription of Elavil 50mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain.

Decision rationale: Elavil (Amitriptyline) is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Tricyclics are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. It is appropriate to maintain this patient on Elavil given the history of neuropathic pain. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Lab work for Vitamin D: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine, Vitamin D.

Decision rationale: Vitamin D is needed for bone growth and bone remodeling by osteoblasts and osteoclasts. It has other roles in the body, including modulation of cell growth, neuromuscular and immune function, and reduction of inflammation. Vitamin D levels are used to determine a diagnosis of Vitamin D deficiency. There is no indication for laboratory studies for Vitamin D. A search of the California MTUS Guidelines and ODG did not reveal any guidelines or scientific evidence to support monitoring Vitamin D levels. Medical necessity for the requested lab work has not been established. The requested lab study is not medically necessary.