

Case Number:	CM15-0018400		
Date Assigned:	02/06/2015	Date of Injury:	02/16/2012
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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 38 year old female, who sustained an industrial injury on February 16, 2012. She has reported back pain and leg pain. The diagnoses have included cervical spine degenerative disc disease, lumbar spine degenerative disc disease, displacement of lumbar intervertebral disc, thoracic or lumbar spondylosis, thoracic or lumbar neuritis or radiculitis, brachial neuritis or radiculitis, insomnia and depression. Treatment to date has included medications, surgery, heat, ice, exercise, physical therapy, lumbar spine trigger point injections, and imaging studies. A progress note dated December 23, 2014 indicates a chief complaint of back pain with intermittent leg pain and frequent muscle spasms of the lower back. Physical examination showed cervical spine tenderness with decreased range of motion, trigger point pain of the neck referred to the bilateral shoulders and rhomboid, lumbar spine tenderness with decreased range of motion, and moderate to severe spasm of the lumbar spine. The treating physician requested prescriptions for Norco, Gabapentin, Zoloft, Soma, Trazodone, Promethazine, Tramadol and Nexium. On January 7, 2015 Utilization Review certified the request for prescriptions for Norco, Zoloft, Soma and Trazodone. Utilization Review partially certified the request for prescriptions for Gabapentin and Tramadol with adjustments in quantities. Utilization Review denied the request for prescriptions for Nexium and Promethazine. The MTUS chronic pain medical treatment guidelines and ODG were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Per the report of 12/23/14 the patient presents with back pain with intermittent leg pain and frequent muscle spasms of the lower back. The current request is for GABAPENTIN 100mg #60 WITH NO REFILLS. The RFA is not included. The 01/06/15 utilization review modified this request from #60 to #40. The patient is off work until 02/01/15. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The reports provided for review do not discuss this medication. It appears it was first prescribed 12/23/14. The medication is indicated as a first line treatment for this patient's neuropathic pain. However, #40 has been certified, and lacking discussion of the need for this medication, the request IS NOT medically necessary.

Tramadol 50mg #120 with no refills: Upheld

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

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

Decision rationale: Per the report of 12/23/14 the patient presents with back pain with intermittent leg pain and frequent muscle spasms of the lower back. The current request is for TRAMADOL 50 mg #120 WITH NO REFILLS an opioid analgesic. The RFA is not included. The 01/06/15 utilization review modified this request from #120 to #110. The patient is off work until 02/01/15. 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. The reports provided show that the patient has been prescribed this medication and other opioids on a long term basis. Current medications include Norco, Tramadol, APAP, and Soma. Pain scales are routinely used to assess pain and reports state pain is 8/10 with medications and 9.5/10 without on 07/07/14 and is 3-4 with medication and 8/10 without on 12/08/14. The treater states the patient's pain regimen decreases the patient's pain, increases activity tolerance, restores partial overall functioning, and along with rest allows pain to be kept within manageable levels which allows the patient to

complete necessary ADL's. The treater states that medications allow her care for her three children. No other specific ADL's are mentioned to show a significant change with use of this medication. The patient denies side effects and the treater notes the patient does not appear impaired by medications. However, no UDS's are provided for review or discussed. In this case, the request is for #120 vs #110 and opiate management has not been sufficiently documented due to lack of UDS's. The request IS NOT medically necessary.

Nexium 20mg (unknown quantity) with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Per the report of 12/23/14 the patient presents with back pain with intermittent leg pain and frequent muscle spasms of the lower back. The current request is for NEXIUM 20 mg "UNKNOWN QUANTITY" WITH NO REFILLS. The RFA is not included. The patient is off work until 02/01/15. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also 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. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided for review show the patient has been prescribed this medication since at least 07/07/14. The treater does not discuss this request in the reports provided. It is noted the patient is s/p gastric bypass 2006/2007 and cannot take oral NSAID's. APAP is prescribed. However there is no evidence provided that the patient is at risk for GI events that would require the use of Nexium, and the reports do not show dyspepsia, GERD, heartburn or ulcer. In this case, the request IS NOT medically necessary.

Promethazine 25mg #60 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti-emetics for opioid nausea.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Promethazine - Phenergan, and Antiemetics for opioid nausea.

Decision rationale: Per the report of 12/23/14 the patient presents with back pain with intermittent leg pain and frequent muscle spasms of the lower back. The current request is for PROMETHAZINE 20mg #60, WITH NO REFILLS. The RFA is not included. The patient is off work until 02/01/15. ODG, Pain Chapter, Promethazine, Phenergan, and Antiemetics for opioid nausea states, "Not recommended for nausea and vomiting secondary to chronic opioid use." "Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations." The reports provided show this medication has been prescribed on a long term basis since at least 07/07/14. The treater states this medication is for nausea and that it is effective. The treater does not explain the reason for the nausea; however, the patient is prescribed multiple opioids "Hydrocodone and Tramadol" on a long-term basis. In this case, the medication is not recommended for nausea and vomiting secondary to opioid use. There is no evidence of a pre-operative or post-operative situation. The request IS NOT medically necessary.