

Case Number:	CM15-0135335		
Date Assigned:	07/23/2015	Date of Injury:	05/23/2002
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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 female patient who sustained an industrial injury on 05/23/2002. A primary treating office visit dated 06/12/2015 reported the patient recently underwent revision of a spinal cord stimulator on 10/30/2014. In addition, the stimulator noted re-programmed on 03/03/2015 offering better coverage for the parasthesia's. She is mostly with subjective complaint of right low back pain radiating to the right groin, which gets worse with activity and weight bearing. The patient expressed wanting to get back on Norco which allows her increased functioning. She also takes Anaprox and noted discontinuing Fexmid. She also utilizes a few topical creams. Diagnostic testing revealed nerve conduction study done on 03/02/2012, which showed moderate to severe left L5 and mild right L5 radiculopathy; another older study done on 07/19/2007 showed within normal limits. The assessment found the patient with: lumbar post laminectomy syndrome; status post L4-5 ALIF, 02/23/2004; lumbar spinal cord stimulator implant 08/02/2005; replaced 10/30/2014; bilateral lower extremity radiculopathy, with associated hypersensitivity; reactionary depression/anxiety; restless leg syndrome secondary to neuropathy; post traumatic fibromyalgia, cervical and lumbar spine; L3-4, L4-5, and L5-S1 PLIF 11/27/2012; bilateral knee strain/strain secondary to overcompensation, industrial, and rule out right hip internal derangement. The patient is totally disabled for the next 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 5/13/15) 60 tablets of Anaprox DS 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient was injured on 05/23/02 and presents with right low back pain which radiates to the right groin. The retrospective request is for 60 TABLETS OF ANAPROX DS 550 MG (DOS 05/13/15). There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 03/03/15. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient is diagnosed with lumbar post laminectomy syndrome, status post L4-5 ALIF (02/23/2004), lumbar spinal cord stimulator implant 08/02/2005 (replaced 10/30/2014), bilateral lower extremity radiculopathy with associated hypersensitivity, reactionary depression/anxiety, restless leg syndrome secondary to neuropathy, post traumatic fibromyalgia/cervical/lumbar spine, L3-4/L4-5/L5-S1 PLIF 11/27/2012, bilateral knee strain/strain secondary to overcompensation, and rule out right hip internal derangement. The 05/13/15 report states that the patient finds Anaprox to be "very helpful." For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater benefits from Anaprox. Therefore, the requested Anaprox is medically necessary.

Retrospective (dos 5/13/15) 10 tablets of Zofran 8mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter, under antiemetics (for opioid-induced nausea).

Decision rationale: The patient was injured on 05/23/02 and presents with right low back pain which radiates to the right groin. The retrospective request is for 10 TABLETS OF ZOFRAN 8 MG (DOS 05/13/15). There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 03/03/15. ODG Guidelines have the following regarding antiemetics: "ODG Guidelines, pain (chronic) chapter, antiemetics (for opioid-induced nausea): Not recommended for nausea and vomiting secondary to chronic opiate use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The patient is diagnosed with lumbar post laminectomy syndrome, status post L4-5 ALIF

(02/23/2004), lumbar spinal cord stimulator implant 08/02/2005 (replaced 10/30/2014), bilateral lower extremity radiculopathy with associated hypersensitivity, reactionary depression/anxiety, restless leg syndrome secondary to neuropathy, post traumatic fibromyalgia/cervical/lumbar spine, L3-4/L4-5/L5-S1 PLIF 11/27/2012, bilateral knee strain/strain secondary to overcompensation, and rule out right hip internal derangement. On 10/30/14, the patient had a revision of her spinal cord stimulator IPG and on 03/03/15, the patient underwent reprogramming. The reason for the request is not provided. The treater has not indicated that the patient has nausea, is undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG Guidelines and the FDA. The request does not meet guideline indications. Therefore, the requested Zofran is not medically necessary.

Retrospective (dos 5/13/15) 60 tablets of Prilosec 20mg: Upheld

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

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

Decision rationale: The patient was injured on 05/23/02 and presents with right low back pain which radiates to the right groin. The retrospective request is for 60 TABLETS OF PRILOSEC 20 MG (DOS 05/13/15). There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 03/03/15. MTUS Guidelines page 60 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/ multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient is diagnosed with lumbar post laminectomy syndrome, status post L4-5 ALIF (02/23/2004), lumbar spinal cord stimulator implant 08/02/2005 (replaced 10/30/2014), bilateral lower extremity radiculopathy with associated hypersensitivity, reactionary depression/anxiety, restless leg syndrome secondary to neuropathy, post traumatic fibromyalgia/cervical/lumbar spine, L3-4/L4-5/L5-S1 PLIF 11/27/2012, bilateral knee strain/strain secondary to overcompensation, and rule out right hip internal derangement. This patient is currently taking Norco, Ativan, Cymbalta, and Neurontin. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Prilosec is not medically necessary.