

Case Number:	CM15-0142626		
Date Assigned:	08/03/2015	Date of Injury:	10/14/2010
Decision Date:	09/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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 61 year old male, who sustained an industrial injury on 10-14-2010. Diagnoses include lumbar disc displacement without neuropathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis NOS. Treatment to date has included surgical intervention (L4-5 and L5-S1 hemilaminectomy and foraminotomy on 6-25-2015) as well as conservative treatment including diagnostics, medication management, heat and ice application, epidural steroid injections, medial branch blocks, radiofrequency ablation and physical therapy. Current medications include Neurontin, Norco, Motrin, Tagamet and Aspirin. Per the Primary Treating Physician's Progress Report dated 6-30-2015, the injured worker reported that the pain is not as intense since surgical intervention on 6-25-2015 but the tingling in his foot is still there. He notes that leg pain and hip pain have improved. He got about 50% improvement from the surgery and his pain level is currently 5 out of 10 down from an 8 out of 10 prior to surgery. Physical examination revealed an antalgic gait. He appears to be in moderate pain. The plan of care included medications and authorization was requested for Norco 10-325mg #120, Neurontin 600mg #90 and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain. The request is for NORCO 10/325 MG #120. Patient is status post left L4-5 and L5-S1 hemilaminectomy and foraminotomy 06/25/15. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Range of motion was restricted in all planes with pain. Per 06/01/15 progress report, patient's diagnosis include lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient's medications, per 04/03/15 progress report include Neurontin, Norco, Motrin, Tagamet, and Aspirin. Per 06/30/15 progress report, patient is temporarily totally disabled until the next appointment. MTUS Guidelines, pages 88 and 89, CRITERIA FOR USE OF OPIOIDS section 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." The treater does not specifically discuss this request. Review of the medical records provided indicate that the patient has been utilizing Norco since at least 009/11/14. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS and CURE reports are provided as consistent, no adverse effect and other measures of aberrant behavior are discussed. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

Decision rationale: The patient presents with low back pain. The request is for NEURONTIN 600 MG #90. Patient is status post left L4-5 and L5-S1 hemilaminectomy and foraminotomy 06/25/15. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Range of motion was restricted in all planes with pain. Per 06/01/15 progress report, patient's diagnosis include lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient's medications, per 04/03/15 progress report include Neurontin, Norco, Motrin, Tagamet, and Aspirin. Per 06/30/15 progress report, patient is temporarily totally disabled until the next appointment. MTUS Guidelines, pages 18 and 19, SPECIFIC ANTI-EPILEPSY DRUGS section has the following: "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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, a prescription for Neurontin was first note in progress report dated 09/11/14 and the patient has been utilizing this medications at least since then. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS; therefore, it IS NOT medically necessary.

Prilosec 20mg #30: 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), Proton pump inhibitors (PPIs).

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

Decision rationale: The patient presents with low back pain. The request is for PRILOSEC 20 MG #30. Patient is status post left L4-5 and L5-S1 hemilaminectomy and foraminotomy 06/25/15. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Range of motion was restricted in all planes with pain. Per 06/01/15 progress report, patient's diagnosis include lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient's medications, per 04/03/15 progress report include Neurontin, Norco, Motrin, Tagamet, and Aspirin. Per 06/30/15 progress report, patient is temporarily totally disabled until the next appointment. MTUS page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen,

naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or Misoprostol (200 ug four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) The treater does not specifically discuss this request. Review of the medical records provided indicate that the patient has received prescriptions for Prilosec from 04/03/15 through 06/30/15. However, the treater has not documented any gastrointestinal upset or irritation. There is no history of ulcers, either. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request IS NOT medically necessary.