

Case Number:	CM15-0146985		
Date Assigned:	08/07/2015	Date of Injury:	06/15/2009
Decision Date:	09/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27 year old male who sustained an industrial injury on 8-15-08. The initial symptoms and nature of his injury are unavailable for review. The 7-17-15 provider note indicates that the injured worker presented for follow-up of chronic lower back pain with left lower extremity radicular symptoms. He denied changes in his pain at that time and reported that he had been taking "1.5 tabs of Norco 3 times a day", which is "why he has run out". He reported that standing or sitting for long periods of time makes the pain worse. He continued to complain of muscle spasms over his lumbar spine, which were "significantly better" with the use of Norflex. He indicated that the pain is lessened with lying flat, resting, stretching, and medication. He reported a "30% pain decrease" with the use of Norco which allowed him to continue to work full-time with decreased pain. He reports constipation with the use of the medication and uses stool softeners as needed. He denied other side effects of the medication. However, "heartburn" was noted on the review of symptoms. The injured worker underwent an MRI of lumbar spine in August 2009. He has diagnoses of Lumbar Disc Displacement without Myelopathy and Long-term use of meds. His current medications include Norflex, Protonix, Hydrocodone-apap, Docusate Sodium, and Senna. The treatment plan was to add Ibuprofen for pain associated with activity, as the injured worker has been "self-increasing" his pain medication. This was to be used in conjunction with Norco, without increasing the Norco dosage. The treatment plan also indicated that the injured worker has a diagnosis of lumbar disc degenerative disease with L5 nerve root involvement and that a surgical consult in 2009 recommended lumbar epidural steroid injection or possible discectomy surgery. The injured worker "continues to defer" the epidural injections, but "will consider in the future if he has dramatic increase in pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg Qty: 60 plus 1 refill: Overturned

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 Page(s): 67-72.

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is a statement that this an initial trial of NSAIDs, and the patient has not been on anti-inflammatories in the recent past. The patient has chronic low back pain with discogenic pain. Since NSAIDs are recommended as first line agents for musculoskeletal type pains, the current request is medically necessary. It also fits the time frame as it is a two month prescription and is still a short-term trial.

Hydrocodone/APAP 10/325mg Qty: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 7/17/15. The patient is working part-time. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent. This request is medically necessary.

Pantoprazole-protonix 20mg Qty: 60.00: 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) - Proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): 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). In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.