

Case Number:	CM15-0147403		
Date Assigned:	08/10/2015	Date of Injury:	09/29/2004
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This injured worker is a 56 year old male who reported an industrial injury on 9-29-2004. His diagnoses, and or impression, were noted to include: lumbar discopathy with disc displacement; lumbar radiculopathy; bilateral sacroiliac arthropathy; and mood disorder. No current imaging studies were noted. His treatments were noted to include medication management; and rest from work. The progress notes of 7-2-2015 reported complaints of low back pain and bilateral sacroiliac joint pain that radiated up to the mid-thoracic area and base of the neck, as well as down into both legs, was associated with numbness and tingling, aggravated by activities and helped by medications. Objective findings were noted to include: no acute distress; tenderness in the lumbar para-spinal musculature with loss of normal lumbar lordosis, decreased range-of-motion secondary to pain and stiffness; tenderness over the bilateral sacroiliac joints; positive Fabere and Patrick's tests; positive bilateral straight leg raise; decreased sensation in the bilateral lumbosacral dermatomal distribution; and decreased deep tendon reflexes throughout. The physician's requests for treatments were noted to include the continuation of Paxil, Norco and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naprosyn (Naproxen sodium) 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

Decision rationale: This patient presents with low back pain and bilateral sacroiliac joint pain. The current request is for 60 tablets of Naprosyn (Naproxen sodium) 550mg. His treatments were noted to include medication management; and rest from work. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: Anti-inflammatories 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. According to progress report 07/02/15, low back pain and bilateral sacroiliac joint pain that radiated up to the mid-thoracic area and base of the neck, as well as down into both legs, was associated with numbness and tingling. Objective findings noted tenderness in the lumbar para-spinal musculature with loss of normal lumbar lordosis, decreased ROM secondary to pain and stiffness, tenderness over the bilateral sacroiliac joints, positive Fabre's, Patrick's tests and SLR tests. The patient's current medications include Fexmid, Nalfon, Paxil, Prilosec, Ultram and a topical cream. The treater requested a refill of medications and a UDS. The patient has been prescribed Naproxen since at least 03/23/15. Reports 04/23/15 through 07/02/15 notes "that medications and compound cream are helpful in alleviating some of the pain." Per report 03/23/15, patient reports decrease in pain from 9/10 to 4/10 with taking medications. Given the conservative nature of NSAID medications, and the documentation of efficacy provided, continuation of this medication is substantiated. The request IS medically necessary.

60 tablets of Paxil (Paroxetine HCL) 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's Page(s): 107.

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

Decision rationale: This patient presents with low back pain and bilateral sacroiliac joint pain. The current request is for 60 tablets of Paxil (Paroxetine HCL) 20mg. His treatments were noted to include medication management; and rest from work. The patient is not working. MTUS does not discuss this Paxil/Paroxetine specifically. ODG guidelines under the Mental Chapter, regarding Paroxetine-Paxil, Antidepressants for treatment of MDD, states, "Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended

for mild symptoms." According to progress report 07/02/15, low back pain and bilateral sacroiliac joint pain that radiated up to the mid-thoracic area and base of the neck, as well as down into both legs, was associated with numbness and tingling. Objective findings noted tenderness in the lumbar para-spinal musculature with loss of normal lumbar lordosis, decreased ROM secondary to pain and stiffness, tenderness over the bilateral sacroiliac joints, positive Fabre's, Patrick's tests and SLR tests. The patient's current medications include Fexmid, Nalfon, Paxil, Prilosec, Ultram and a topical cream. The treater requested a refill of medications and a UDS. The patient has been prescribed Paxil since at least 03/23/15. Reports 04/23/15 through 07/02/15 notes "that medications and compound cream are helpful in alleviating some of the pain." Per report 03/23/15, patient reports decrease in pain from 9/10 to 4/10 with taking medications. Although "mood disorder" is listed as a current diagnosis for this patient, none of the reports provided for review discuss "Major Depressive Disorder (MDD)." ODG states that Paxil is for treatment of MDD that are "moderate, severe, or psychotic" Not recommended for mild symptoms." There are no such concerns described in the medical reports; therefore, the requested refill of Paxil IS NOT medically necessary.

120 tablets of Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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, 80,81.

Decision rationale: This patient presents with low back pain and bilateral sacroiliac joint pain. The current request is for 120 tablets of Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg. His treatments were noted to include medication management; and rest from work. The patient is not working. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." According to progress report 07/02/15, low back pain and bilateral sacroiliac joint pain that radiated up to the mid-thoracic area and base of the neck, as well as down into both legs, was associated with numbness and tingling. Objective findings noted tenderness in the lumbar para-spinal musculature with loss of normal lumbar lordosis, decreased ROM secondary to pain and

stiffness, tenderness over the bilateral sacroiliac joints, positive Fabre's, Patrick's tests and SLR tests. The patient's current medications include Fexmid, Nalfon, Paxil, Prilosec, Ultram and a topical cream. The treater requested a refill of medications and a UDS. The patient has been prescribed Norco since at least 03/23/15. Reports 04/23/15 through 07/02/15 notes "that medications and compound cream are helpful in alleviating some of the pain." Per report 03/23/15, patient reports decrease in pain from 9/10 to 4/10 with taking medications. The patient has listed diagnoses of lumbar discopathy with disc displacement; lumbar radiculopathy; bilateral sacroiliac arthropathy; and mood disorder. In this case, the MTUS does not clearly support chronic opiate use for chronic low back pain and radiculopathy. In addition, while the treater discusses decrease in pain, it is not known that the patient would be unable to self-care based on the condition provided. There are no discussion of specific improvement in ADL's or any discussion of possible side effects to fully satisfy the required four A's. The request IS NOT medically necessary.