

Case Number:	CM15-0149341		
Date Assigned:	08/12/2015	Date of Injury:	02/02/2004
Decision Date:	09/18/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 2-2-04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar chronic pain; failed low back surgery syndrome. Treatment to date has included status post lumbar surgeries with post removal of hardware at L5-S1-post exploration fusion with extension of fusion to L4-5; physical therapy; psych consult for spinal cord stimulator trial (4-2015); medications. Currently, the PR-2 notes dated 6-15-15 indicated the injured worker complains of neck and low back pain. Overall, he reports he is doing worse with pain increasing due to increasing activity level. He report his pain is not adequately being controlled by his medications regimen. He reports his psych consult on 4-28-15 cleared him for the spinal cord stimulator trial. He reports burning and stabbing low back pain and has radiating pain down the left lower extremity to the foot. He rates his pain as 8 out of 10 on the pain scale. He reports stabbing, numbness and burning in his legs. He continues with intermittent neck pain rated at 6 out of 10 described as stabbing with radiation to the shoulders but not the arms. He says the main has increased at the beginning of the month due to difficulties with authorizations. He has been denied internal medicine consult for elevated LFTs. He continues with difficulty sleeping which he attributes to his pain and spasm in the back that can be severe. He reports urinary frequency and urgency over the year. He has had three lumbar surgeries including the most recent on 10-30-12 with removal of hardware at L5-S1 with extension of a fusion to L4-5. He reports he sometimes has thoughts of self-harm with a long history of intermittently thinking of hurting himself. He has trialed medications and reports these only increased his symptoms he started on Lyrica on his last visit and reports tolerating this

medications and finds it is improving his symptoms. His CURES and urine toxicology reports are consistent with no abnormal lab studies or behavior. The provider is requesting authorization of MS Contin 15mg #60; Norco 10/325mg #120; Omeprazole 20mg #60 and Robaxin 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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, Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, NSAIDs, GI risk.

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is older than 65, history of GI bleed or PUD, on multiple high dose NSAIDs, or on steroids, aspirin, anticoagulants. There was no documentation of GI symptoms that would require a PPI. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, When to Discontinue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for MS Contin is not medically necessary. The patient has been on opiates for extended amount of time without significant improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. Tapering of medications was recommended. Because of these reasons, the request for MS Contin is considered not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, When to Discontinue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without significant improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no goals of care and tapering was recommended. Because of these reasons, the request for Norco is considered not medically necessary.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

Decision rationale: According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Methocarbamol has limited published evidence on its clinical effectiveness. Long-term use is not recommended. Therefore, the request is considered not medically necessary.