

Case Number:	CM15-0163923		
Date Assigned:	09/01/2015	Date of Injury:	06/14/1999
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 59 year old male, who sustained an industrial injury on 6-14-99. The mechanism of injury was not indicated. The injured worker was diagnosed as having brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, cervical radiculopathy, chronic low back pain, lumbar radiculopathy, post-laminectomy syndrome, cubital tunnel syndrome, chronic low back pain, degeneration of lumbar or lumbosacral intervertebral disc and myalgia and myositis. Treatment to date has included failed neck surgery, oral medications including Norco, Neurontin and Prilosec. Currently on 6-25-15, the injured worker complains of continued neck pain rated 8 out of 10 without medication and 5 out of 10 with medication and low back pain with radiation down the back of bilateral legs. He notes with pain medication, activity restrictions and rest he is able to keep pain within a manageable level to complete necessary activities of daily living. He notes a burning discomfort in his stomach for which he takes Prilosec and yogurt. He is currently not working. Physical exam performed on 6-25-15 revealed restricted range of motion of lumbar and cervical spine with positive straight leg raise. The treatment plan included request for authorization for continued medication Norco 10-325mg #150, Neurontin 300mg #90 and Prilosec 40mg #30; follow up appointment and consideration of lumbar-cervical steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented gastrointestinal (GI) distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms other than burning in his stomach or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS, Norco 10-325mg (Hydrocodone-Acetaminophen) is a short acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, relief from pain or duration of pain relief. It is unclear how long the injured worker has used Norco. He is currently not working. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the CA MTUS (2009), Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The objective documentation notes the patient has neuropathic pain related to his chronic low back condition; however the physical exam did not indicate radiculopathy or neuropathy. Neurontin has been part of his medical regimen. It is unclear how long he has received Neurontin. The requested medication is not recommended and medical necessity has not been established.

Bilateral L5-S1 LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Per ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. ODG guidelines state that epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The notes do not show radicular symptoms in the legs nor any electrical studies to corroborate symptoms. The request is not medically necessary and appropriate