

Case Number:	CM15-0168312		
Date Assigned:	09/09/2015	Date of Injury:	01/02/2002
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 (n) 45 year old female, who sustained an industrial injury on 1-2-02. The injured worker was diagnosed as having status post bilateral carpal tunnel release, bilateral recurrent carpal tunnel syndrome, bilateral shoulder tendonitis, lumbar radiculitis (not accepted body part) and status post anterior cervical disc fusion on 6-2-12 (not accepted body part). Medical records (2-6-15 through 4-6-15) indicated increased lumbar pain and ongoing cervical pain and headaches. The physical exam (3-2-15 through 4-6-15) reveals decreased cervical range of motion and cervical spasms. Treatment to date has included an EMG-NCS of the lower extremities on 2-18-15, a brain MRI on 6-3-15 and a urine drug screen on 4-6-15. Current medications include Norco, Topamax, Ativan, Lunesta, Soma, Nexium, Movantik and Fioricet (since at least 3-2-15). As of the PR2 dated 7-17-15, the injured worker reports substantial neck pain with stiffness and recurrent pain, numbness and weakness in both hands. Objective findings include moderated tenderness over both pronator tunnels and both carpal tunnels, a positive Tinel's sign bilaterally and no change in the cervical and lumbar spine exam. The treating physician noted that maximum medical improvement had been achieved as noted by the Agree Medical Evaluation on 3-26-12. The treating physician requested Nexium 20mg #60 x 2 refills, Movantik 25mg 315 x 2 refills and Fioricet #120 x 2 refills. On 7-31-15 the treating physician requested a Utilization Review for Nexium 20mg #60 x 2 refills, Movantik 25mg 315 x 2 refills and Fioricet #120 x 2 refills. The Utilization Review dated 8-6-15, non-certified the request for Nexium 20mg #60 x 2 refills, Movantik 25mg 315 x 2 refills and Fioricet #120 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20 mg Qty 60 with 2 refills, 1 tab daily: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "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 cardioprotection) 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)." Per ODG TWC, "many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line." As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed. Furthermore, as noted per the guidelines, Nexium is a second-line medication. The medical records do not establish whether the patient has failed attempts at first line PPIs, such as omeprazole or lansoprazole, which should be considered prior to prescribing a second line PPI such as Nexium. The request is not medically necessary. Furthermore, the request for 3-month supply is not appropriate as it does not allow for periodic reassessment.

Movantik 25 mg Qty 15 with 2 refills, 1 tab daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/25666542].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023613/?report=details>.

Decision rationale: Per the US National Library of Medicine, Movantik is used to treat constipation that is caused by opioids in adults with long-lasting pain that is not caused by cancer. Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Per the medical records, it is noted that the injured worker had gastric bypass bariatric surgery on 3/27/15. She complains of severe constipation and GI upset. She stated that she cannot take medications due to severe GI upset. The request is indicated, however, medical necessity of 3-month supply cannot be affirmed as it does not allow for periodic reassessment of efficacy. The request is not medically necessary.

Fioricet Qty 120 with 2 refills, 1 tab every 4-6 hrs: 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): Barbiturate-containing analgesic agents.

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary. Furthermore, the request for 3-month supply is not appropriate as it does not allow for periodic reassessment.