

Case Number:	CM15-0183501		
Date Assigned:	09/24/2015	Date of Injury:	04/09/2003
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 4-9-03. The injured worker was diagnosed as having lumbar posts-laminectomy syndrome L4-5 and L5-S1; bilateral lower extremity radiculopathy; spinal cord stimulator trial -inconclusive; reactionary depression; medications induced gastritis. Treatment to date has included status post L4-5 and L5-S1 posterior laminectomy interbody fusion and then removal of posterior fusion hardware (2004); physical therapy; medications. Currently, the PR-2 notes dated 8-18-15 is a pain management consultation. The notes indicated the injured worker returns to this office as a follow-up re-evaluation and treatment as recommended by the primary treating physician. He was last seen in this office on 7-14-15 and notes he has "ongoing and debilitating pain in his lower back radiating down to both lower extremities." The provider documents "His pain can go as high as 8 out of 10 in intensity but on his current medical regimen, it is decreased to 4 out of 10. The patient doe suffer with a diagnosis of lumbar post-laminectomy syndrome having undergone two-level fusion with subsequent removal of hardware in 2004 but unfortunately remains symptomatic. He continues to have difficulty obtaining his medications through his insurance carrier. IMR upheld the denial for Norco on 4-10-15. The patient has been having significant medication-induced gastritis symptoms from all of his medications and has been requiring Prilosec one to two twice a day. He will try to switch from Anaprox to Ultracet for his analgesia medication. He reports good benefit from Remeron, helping him to sleep in the evening and function better the next day. He wants to make sure that he continues to receive this." The provider continues with documentation noting "Due to repeated denial of his Norco

which has been denied for the past 4 to 5 months, he has been forced to get his medications from Mexico on a self-procured basis. This is very inappropriate and borders on malpractice. He has been experiencing increased flare-ups of his low back pain as he has to travel every 4-6 weeks to obtain his Norco from Mexico. He also relies on Neurotin, Anaprox and Remeron which have been beneficial. He has been able to perform simple chores around the house as well as participate in self-directed physiotherapy with less pain. He has also been experiencing less GI complaints while on Prilosec 20mg twice a day." The provider notes the injured worker did undergo a trial of spinal cord stimulator on 12-17-09 with good paresthesia coverage of the lower extremities and very low part of his back and upper buttocks. However, he notes, he did not get paresthesia coverage for the mid low back region where most of the pain is. The provider notes the trial was then "inconclusive" for actual benefit. He does not wish to pursue the spinal cord stimulation at this time. An intrathecal morphine pump was then authorized, but the injured worker was reluctant since he must travel to Mexico to see his parents. Having Morphine in his system may cause other problems in Mexico. He relates this to additional prior confrontations during his trips to Mexico in his hometown to see his parents. The provider documents unsavory altercations while on these trips for the injured worker. The injured worker does speak of a possible trial using "Neuro spinal cord stimulator". The provider notes he will proceed within the month. The provider is performing a urine drug screening on this date for monitoring and notes consistency. A Request for Authorization is dated 9-17-15. A Utilization Review letter is dated 8-28-15 and non-certification was for 1 prescription of Anaprox DS 550mg #60; 1 prescription of Prilosec 20mg #120; 1 prescription of Doral 15mg #30; 1 prescription of Neurontin 300mg #90; 1 prescription of Ambien 10mg #30 and 1 prescription of Ultracet 37.5/325 #60. Please note 1 prescription of Remeron 15mg #60 was certified by this Utilization Review. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for a 1 prescription of Anaprox DS 550mg #60; 1 prescription of Prilosec 20mg #120; 1 prescription of Doral 15mg #30; 1 prescription of Neurontin 300mg #90; 1 prescription of Ambien 10mg #30 and 1 prescription of Ultracet 37.5/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Anaprox DS 550mg #60: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. 1 prescription of Anaprox DS 550mg #60 is not medically necessary.

1 prescription of Prilosec 20mg #120: 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 rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. 1 prescription of Prilosec 20mg #120 is not medically necessary.

1 prescription of Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. 1 prescription of Doral 15mg #30 is not medically necessary.

1 prescription of 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: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no

documentation of any functional improvement. 1 prescription of Neurontin 300mg #90 is not medically necessary.

1 prescription of Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. 1 prescription of Ambien 10mg #30 is not medically necessary.

1 prescription of Ultracet 37.5/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Ultracet for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. This patient is also prescribed Norco which he is self-procuring in Mexico. 1 prescription of Ultracet 37.5/325 #60 is not medically necessary.