

Case Number:	CM15-0184121		
Date Assigned:	09/24/2015	Date of Injury:	11/21/2012
Decision Date:	12/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, Florida

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 36 year old female, who sustained an industrial injury on 11-21-12. She reported low back pain. The injured worker was diagnosed as having chronic lumbar spine pain, left lower extremity radiculopathy and associated depression. Treatment to date has included chiropractic treatment, trigger point injections, acupuncture, physical therapy and a home exercise program. The lumbar spine MRI showed L4-L5 disc bulge. Physical examination findings on 8-17-15 included tenderness in the L3-S1 region with sciatic notch tenderness on the left. Motor strength, sensation and deep tendon reflexes were normal. Currently, the injured worker complains of back pain with radiation into the left buttock. The treating physician requested authorization for Anaprox 550mg #60 with 2 refills, Omeprazole 20mg #60 with 2 refills, Fexmid 7.5mg #60 with 2 refills, and Neurontin 600mg #60 with 2 refills. On 9-8-15 the requests were non-certified. Regarding Anaprox, the utilization review (UR) physician noted that there is no indication as to why the patient would be on this medication according to the submitted documentation as there is no mention of the efficacy of this medication. Regarding Omeprazole, the UR physician noted "the submitted documentation does not show any evidence that the patient suffers from any sort of gastrointestinal issue. There are no diagnoses related to the gastrointestinal tract. Regarding Fexmid, the UR physician noted that it was unknown if the patient had been on this medication or this will be an initial trial due to the lack of documentation referring to this medication use. Regarding Neurontin, the UR physician noted that there is no indication that this patient had been on this medication according to the submitted documentation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 1 Po Bid with food with 2 Refill: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to minimize the risk of NSAIDs complications. The guidelines require the regular documentation of medication efficacy and compliance before the prescription of refills. The criteria for the use of Anaprox 550mg #60 1 Po BID with food with 2 refills was not met. Therefore the request is not medically necessary.

Omeprazole 20mg #60 1 Po Bid with food with 2 Refill: 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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a history of gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to minimize the risk of NSAIDs complications. The records did not indicate a past or present history of NSAIDs induced gastritis. The requests for refills of NSAIDs medication are not certified. The criteria for the use of Omeprazole 20mg #60 1 Po BID with food with 2 refills was not met. Therefore the request is not medically necessary.

Fexmid 7.5mg #60 1-2 Po Qhs with 2 Refill: 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids or sedative agents. The records indicate that the utilization of cyclobenzaprine had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of Fexmid 7.5mg 60 1-2 Po QHS with 2 Refills was not met. Therefore the request is not medically necessary.

Neurontin 600mg #60 1 Po Bid Daily with 2 Refill: Overturned

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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome associated with psychosomatic disorders. The use of anticonvulsant medication is associated with pain relief, reduction of analgesic utilization, mood stabilization and functional restoration. The records indicate subjective and radiological findings consistent with lumbar radiculopathy type neuropathic pain. There is documentation of history of depression co-existing with the chronic pain syndrome. The patient reported efficacy and functional restoration without adverse effect with utilization of Neurontin. The criteria for the use of Neurontin 600mg #60 1 Po BID with 2 refills was met. Therefore the request is medically necessary.