

Case Number:	CM15-0186446		
Date Assigned:	10/02/2015	Date of Injury:	09/17/2007
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 9-17-07. The injured worker was diagnosed as having lumbar or thoracic radiculopathy and status post lumbar laminectomy. Treatment to date has included epidural injections, cognitive behavioral therapy, and medication including Lyrica, Norco, and Pantoprazole. Physical examination findings on 8-17-15 included limited cervical range of motion with moderate tenderness to palpation. Moderate tenderness to palpation of the lumbar paravertebral muscular with limited range of motion was also noted. A straight leg raise test was positive on the left. Weakness was also noted in the upper extremity and increased tone in the left hamstring and calf muscles were noted. On 5-21-15 pain was rated as 8 of 10 and on 8-17-15 pain was rated as 9 of 10. The injured worker had been taking Norco and Pantoprazole since at least January 2015. The treating physician noted the injured worker was taking Pantoprazole for medication induced gastritis. On 8-17-15 the treating physician noted "without the medicines she is mostly sitting at home or sleeping in bed. She was able to cook because she could stand to do cooking. Now she is unable to cook." On 8-17-15, the injured worker complained of arm pain, low back pain, shoulder pain and upper back pain. On 8-17-15 the treating physician requested authorization for Lorzone 750mg #60, Norco 10-325mg #90, and Pantoprazole 40mg #30. On 8-25-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #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): Muscle relaxants (for pain).

Decision rationale: The current request is for LORZONE 750MG #60. The RFA is dated 08/17/15. Treatment to date has included lumbar surgery, physical therapy, epidural injections, cognitive behavioral therapy, and medication including Lyrica, Norco, and Pantoprazole. The patient's work status was not addressed. MTUS Guidelines, Muscle Relaxants for pain Section, page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Per report 08/17/15, the patient presents with chronic neck and lower back pain. Examination revealed limited ROM with moderate tenderness in the cervical spine, and moderate tenderness to palpation of the lumbar paravertebral muscular and positive SLR. She also reports some cramping and muscle spasms in the legs. The treater recommended a trial of Lorzone 750mg #60 for muscle spasm of the left, much worse in the last few weeks. MTUS guidelines only support medication in this class for 2-3 weeks in the acute phase. Although the patient may benefit from a short course of Lorzone, the requested #60 does not indicate short term use. Therefore, the request IS NOT medically necessary.

Norco 10-325mg #90: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for NORCO 10-325MG #90. The RFA is dated 08/17/15. Treatment to date has included lumbar surgery, physical therapy, epidural injections, cognitive behavioral therapy, and medication including Lyrica, Norco, and Pantoprazole. The patient's work status was not addressed. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS,

CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/17/15, the patient presents with chronic neck and lower back pain. Examination revealed limited ROM with moderate tenderness in the cervical spine, and moderate tenderness to palpation of the lumbar paravertebral muscular and positive SLR. She also reports some cramping and muscle spasms in the legs. The treater recommended a refill of Norco. The patient reports being able to stand and cook when taking medications, and without medications she is sitting at home or sleeping in bed. She can also walk 45 min with medications and without them she can only walk 15 minutes. The pain relief last on average 4 hours with approximately 25% reduction in pain. She reports severe constipation, which is being management with laxatives. UDS was performed on 01/23/15 which was consistent with medications prescribed and CURES checked on 02/26/15 was appropriate. In this case, the 4A's have been addressed, and adequate documentation has been provided including functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Pantoprazole 40mg #30: 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: The current request is for PANTOPRAZOLE 40MG #30. The RFA is dated 08/17/15. Treatment to date has included lumbar surgery, physical therapy, epidural injections, cognitive behavioral therapy, and medication including Lyrica, Norco, and Pantoprazole. The patient's work status was not addressed. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. MTUS pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Per report 08/17/15, the patient presents with chronic neck and lower back pain. Current medications include Norco, Lyrica, Pantoprazole and Amitiza. The treater has requested a refill of medications, including Pantoprazole for medicine induced gastritis. In this case, there is no indication that the patient is taking NSAID to consider the use of Pantoprazole. It appears that the patient has some irritation with taking Norco, but there is no history of oral NSAID use.

There is no discussion in MTUS or ODG regarding the use of PPI's for Norco side effects. Opiates typically do not cause gastritis type GI side effects that can be treated with PPI's. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.