

Case Number:	CM15-0192768		
Date Assigned:	10/06/2015	Date of Injury:	12/05/2012
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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 50 year old female, who sustained an industrial injury on 12-5-02. The injured worker was diagnosed as having lumbago; pain in joint, pelvic region and thigh; left hip trochanteric bursitis; other disorders related to psychological factors. Treatment to date has included physical therapy; hip injections (x3); medications. Diagnostics studies included MRI left hip (8-10-15). Currently, the PR-2 notes dated 6-18-15 indicated the injured worker presented for a periodic office visit. The provider documents "Patient rates her pain with medications as 7 on a scale of 1 to 10. Patient rates her pain without medications as 10 on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is poor. Her activity level has decreased." The provider lists her current medications as: Colace 100mg, Nortriptyline HCL 50mg one daily at bedtime; Omeprazole DR 40mg one daily and Morphine Sulf ER 15mg twice daily. Her industrial injury 12-5-02 was the result of falling down stairs hitting her back and her buttocks with immediate back pain and left hip pain. She has developed pain in the left and right legs as well. There has been no surgical intervention documented in the medical submitted. The provider indicated the injured worker has had Lumbar Epidural Myelogram; left hemi-epidural space L3-L4 and L5-S1 lumbar epidural steroid injection on 12-17-13. Diagnostics documented by the provider include an EMG-NCS on 12-5-13 conclusion as an abnormal study of the bilateral lower extremities noting L5 and S1 radiculopathy but no myopathy and no polyneuropathy. There was also a MRI of the left hip done on 2-14-13 impression documented by the provider as "Moderate amount of fluid near the greater trochanteric bilaterally, left greater than right suspicious for trochanteric bursitis with possible superimposed tendinitis at the distal

attachment of the gluteus medius." He reviews a MRI of the lumbar spine dated 2-14-13 that reports mild central spinal canal stenosis. On physical examination, the provider notes an antalgic gait but does not use assistive devices. On palpation of the lumbar paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both sides. There is lumbar facet loading bilaterally. Straight leg raising is positive on the left, FABER test is positive. The left hip notes tenderness over the groin and trochanter Gaenslen's was negative and FABER test is positive. The provider's treatment plan indicates ongoing hip and back pain. He documents "She is enrolled in FRP which will start when she returns from Africa to visit her ill mother. She has to defer starting in February due to daughter in hospital because of pneumonia." The provider is requesting to continue her medications and postponed her FRP and hip injection until her return. The provider notes "Medications refilled as below. According to patient medications are working well. Pattern of medication use is as previously prescribed." A PR-2 dated 6-12-15 is a consult regarding the injured worker's left hip. She reports that she has had 3 cortisone injections into the left hip trochanteric bursa and they have provided no relief. She feels her symptoms are worse. She also reports she has had lumbar epidural steroid injections which have provided no relief. She reports she is taking morphine and Aleve for pain management. The provider documents "She continues to complain of pain 8 out of 10 which she describes as being in the back and traveling down the sides of both of her legs to the back of her calf's bilaterally. She also complains of significant pain on the lateral side of her left hip. Pain is worse with any activity. She feels the pain constantly." The provider is requesting a MRI in a 1.5 or 3 Tesla scanner. He is concerned regarding if she would be a surgical candidate. There is no indication as to she was initially prescribed these medications. The only other documentation is a PR-2 dated 9-17-15. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9- 23-15 and non-certification for Nortriptyline HCL 50mg #30; Omeprazole Dr 40mg #30 and Morphine Sulf ER 15mg #60. A request for authorization has been received for Nortriptyline HCL 50mg #30; Omeprazole Dr 40mg #30 and Morphine Sulf ER 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Submitted reports have demonstrated the medical indication and functional improvement from treatment rendered with chronic pain complaints. Report has noted the patient with ongoing symptoms complaints with functional benefit in ADLs derived from treatment rendered; however, further consideration requires continued documented benefit. The Nortriptyline HCL 50mg #30 is medically necessary and appropriate.

Omeprazole Dr 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole Dr 40mg #30 is not medically necessary and appropriate.

Morphine Sulf ER 15mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration. The Morphine Sulf ER 15mg #60 is not medically necessary and appropriate.