MAXIMUS Federal Services

Case Number:	CM15-0194346		
Date Assigned:	10/08/2015	Date of Injury:	08/09/2009
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male who sustained an industrial injury on 8-9-09. A review of the medical records indicates he is undergoing treatment for chronic pain syndrome, lower back pain, lumbar and thoracic radiculopathy, displacement of lumbar intervertebral disc without myelopathy, myalgia and myositis, and muscle spasms. Medical records (4-15-15 to 8-19-15) indicate ongoing complaints of neck and low back pain. He reports that pain radiates into the left leg with numbness and tingling. He describes the pain as a "dull ache that can sometimes turn into a sharp, stabbing sensation". He rates the pain "0-1 out of 10." The physical exam (8-19-15) reveals "improved range of motion of the lumbosacral spine." Diagnostic studies have included urine drug toxicology, x-rays of the cervical and lumbar spine, and an MRI of the lumbar spine. Treatment has included physical therapy, chiropractic therapy, activity modification, trigger point injections, left L4-5 and L5-S1 transforaminal epidural steroid injections, and medications. His current (8-19-15) medications include Omeprazole 20mg every morning, Norco 10-325mg daily as needed, Flexeril 7.5mg three times daily as needed, and Lyrica 50mg at bedtime. The 7-8-15 progress record indicates the above-noted medications, as well as Mobic 15mg daily. The injured worker has been receiving Norco since, at least, 1-8-13, but was noted in a smaller dosage. Flexeril was initiated on 7-29-14. Mobic and Omeprazole were added on 10-22-14. The utilization review (9-2-15) includes requests for authorization of Omeprazole 20mg #30, Lyrica 50mg #30, Mobic 15mg #30, and Norco 10-325mg #30. Omeprazole, Mobic, and Norco were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

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

Decision rationale: The claimant has a history of a work injury with date of injury in August 2009 with an inguinal hernia and injury to the neck. Another injury occurred in June 2010 while assisting in lifting an empty aquarium. Medications are referenced as decreasing pain to 0-1/10 from levels ranging from 4-7/10. When seen, he was having low back pain radiating into the left leg and neck pain. He was having some numbness and tingling. Physical examination findings included improved lumbar range of motion. Urine drug screening was consistent with the prescribed medications. He has a history of hypertension with ischemic cardiac disease. The assessment references the claimant as having recently been treated in an Emergency Room for idiopathic tachycardia and he had been started on a daily aspirin regimen. The assessment references discontinuing Mobic due to this. Recommendations included consideration of formal physical therapy after his pain was controlled. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant has a history of cardiac disease and guidelines recommend consideration of a selective COX-2 medication or a nonselective medication with use of a proton pump inhibitor such as omeprazole. Prescribing both a selective NSAID and a proton pump inhibitor would only be considered if the claimant was at high risk of a gastrointestinal event and in this case there is no history of peptic ulcer, gastrointestinal bleeding or perforation. Additionally, the intent was for him to be discontinued from NSAID use. For these reasons, the request is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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

Decision rationale: The claimant has a history of a work injury with date of injury in August 2009 with an inguinal hernia and injury to the neck. Another injury occurred in June 2010 while assisting in lifting an empty aquarium. Medications are referenced as decreasing pain to 0-1/10 from levels ranging from 4-7/10. When seen, he was having low back pain radiating into the left leg and neck pain. He was having some numbness and tingling. Physical examination findings

included improved lumbar range of motion. Urine drug screening was consistent with the prescribed medications. He has a history of hypertension with ischemic cardiac disease. The assessment references the claimant as having recently been treated in an Emergency Room for idiopathic tachycardia and he had been started on a daily aspirin regimen. The assessment references discontinuing Mobic due to this. Recommendations included consideration of formal physical therapy after his pain was controlled. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant has a history of cardiac disease and guidelines recommend consideration of a selective COX-2 medication such as Mobic (meloxicam). However, the requesting provider discontinued this medication due to cardiac risk and the request appears to be in error. For this reason, it is not medically necessary.

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: The claimant has a history of a work injury with date of injury in August 2009 with an inguinal hernia and injury to the neck. Another injury occurred in June 2010 while assisting in lifting an empty aquarium. Medications are referenced as decreasing pain to 0-1/10 from levels ranging from 4-7/10. When seen, he was having low back pain radiating into the left leg and neck pain. He was having some numbness and tingling. Physical examination findings included improved lumbar range of motion. Urine drug screening was consistent with the prescribed medications. He has a history of hypertension with ischemic cardiac disease. The assessment references the claimant as having recently been treated in an Emergency Room for idiopathic tachycardia and he had been started on a daily aspirin regimen. The assessment references discontinuing Mobic due to this. Recommendations included consideration of formal physical therapy after his pain was controlled. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/ acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.