

Case Number:	CM15-0197649		
Date Assigned:	10/13/2015	Date of Injury:	06/02/2008
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 68 year old male who sustained an industrial injury on 6-2-08. The medical records indicate that the injured worker is being treated for complex fractures of the right ankle and foot and is status post open reduction internal fixation of the right ankle and foot, status post multiple surgeries of the right ankle, the most recent 1-2011; right sided low back pain; depression; osteoporosis; pernicious anemia; acute upper gastrointestinal bleed with coffee ground emesis (6-2008). He currently (9-14-15) complains of ongoing low back and right lower extremity pain. With Norco his pain level is 4 out of 10 and without the medication it is 8 out of 10. It causes significant itching. He reports that the Prilosec prevents gastrointestinal upset caused by his medication and Colace helps with constipation. The 2-23-15 progress note indicates that he has gastrointestinal symptoms at times. The 11-27-13 progress note indicates that he was diagnosed (positive serology) with "Heliobacter Pylori, but was not provided with medications." In addition the note indicates acid reflux since the time of the injury associated with a gasping sensation at night and had been on omeprazole and then it was stopped. He displays burning pain postprandial and at night. After taking a non-steroidal anti-inflammatory in 1-2012 he had gastritis. On physical exam there was tenderness to the lumbar paraspinal muscles all in the right side with a positive right leg lift. He has had MRI of the lumbar spine (7- 21-11) showing disc protrusion. His treatments to date include medications: Norco, Neurontin, Colace (since at least 2011), trazodone, Prilosec (since at least 2012), Cymbalta (since at least 12-29-14), Percocet (started 9-14-15); radiofrequency ablation (10-2011) right L3, L4, L5 with improvement. The request for authorization dated 9-22-15 was for Cymbalta 30mg #60; Prilosec 20mg # 60; Colace 100mg #90. On 9-29-15 Utilization Review non-certified the requests for Cymbalta 30mg #60 and modified to #20; Prilosec 20mg #60; Colace 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #60: 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): Duloxetine (Cymbalta).

Decision rationale: The California MTUS section on Cymbalta states that is indicated in the treatment of neuropathic pain as a first line treatment agent. The patient has the diagnosis of ankle fracture with subsequent surgeries but no neuropathic pain diagnosis. However the patient does have the diagnosis of depression and this agent is also indicated as a first line treatment option for depression. Therefore, the request is medically necessary.

Prilosec 20mg, #60: 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 California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations, patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., Ibuprofen, Naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease besides non-specified gastritis. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

Colace 100mg, #90: Overturned

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy (Norco). The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.