

Case Number:	CM15-0200508		
Date Assigned:	10/15/2015	Date of Injury:	06/13/2013
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 51year old male, who sustained an industrial injury on 6-13-2013. The injured worker is undergoing treatment for: lumbar degenerative disc disease, lumbar discogenic pain syndrome, lumbar radiculopathy, chronic pain syndrome, and depression. On 7-24-15 and 8- 31-15, he reported low back pain with radiation into the right lower extremity with weakness of the right lower extremity. He rated his pain 7 out of 10 with medications and 9 out of 10 without medications. He indicated pain increased with prolonged activity such as standing and sitting. He reported having a "drunken" feeling with Gabapentin and wanted to try a lower dose. He is noted to have had no significant pain improvement with Nucynta. Physical examination revealed decreased bilateral lower extremity strength, reduced sensation at right L4 and L5 dermatomes, tenderness over the low back, positive straight leg raise test on the right. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (1-13-14), magnetic resonance imaging of the lumbar spine (7-12-13), physical therapy, lumbar epidural steroid injections, urine toxicology (7-24-15), CURES (7-23-15). Medications have included: Januvia, Glucophage, amaryl, norco, Prilosec, Naprosyn. Current work status: off work until 10- 30-15. The request for authorization is for: Norco (hydrocodone-APAP) 10-325mg, one tablet 4 times a day, quantity 180 (opioid analgesic) (6 week supply); Naprosyn (naproxen) 550mg quantity 120, one tablet two times a day with breakfast and dinner, quantity 60 (6 week supply); Prilosec (omeprazole) 20mg quantity 60, one capsule daily with 6 refills; Neurontin (gabapentin) 600mg, one half tablet at bedtime, quantity 90. The UR dated 9-9-2015: modified certification of Norco (hydrocodone-APAP) 10-325mg quantity 120, Naprosyn 550mg quantity 60, Gabapentin(Neurontin) 600mg, one half tablet at bedtime quantity 30; and non-certified Prilosec (omeprazole) 20mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco-Hydrocodone 10/325mg; one tablet po qid qty: 180 [opioid analgesic] (6 week supply): 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naprosyn-Naproxen 550mg qty: 120; take one tablet po bid with breakfast & dinner qty: 60 [NSAID] (6 week supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations

of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs with documentation of subjective improvement. However, there was no documentation of objective evidence of functional benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Prilosec-Omeprazole 20mg qty: 60; take one capsule po daily with 6 refills [protein pump inhibitor (PPI)]: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Naproxen has not been found to be medically necessary. Medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Neurontin-Gabapentin 600mg; 1/2 tablet po qhs qty: 90 [anti-epilepsy drugs (AEDs)]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, there is documentation of a "drunken feeling" with the use of this medication. Medical necessity for Neurontin 1/2 tablet po qhs (#90) has not been established. The requested medication, for a 6 month period, is not medically necessary.