

Case Number:	CM15-0206926		
Date Assigned:	10/23/2015	Date of Injury:	07/14/2014
Decision Date:	12/31/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency Medicine

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 25 year old female, who sustained an industrial injury on 7-14-14. The injured worker was diagnosed as having chronic pain syndrome; low back pain; lumbar facet hypertrophy. Treatment to date has included lumbar epidural block (1-22-15); extracorporeal shockwave therapy; Lumbar facet nerve blocks (9-21-15); urine drug screening; medications. Currently, the PR-2 notes dated 9-3-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of right low back pain non-radiating. The provider notes objective findings as "lumbar spine flexion 15 degrees and extension 10 degrees and lumbar facet loading positive on the right; urine toxicology consistent." The treatment plan indicates the injured worker requires a right L4-5-L5-S1 facet injection. A procedure note was submitted indicating Facet blocks were provided at L4-L5, L5-S1 on 9-21-15. The provider requested refills of medications with an increase of Gabapentin 400mg BID. He also listed Meloxicam, Protonix, Norflex and a compound cream. The medical documentation submitted for review does not define the initial date of when these medications were prescribed. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 10-12-15 and non-certification for Meloxicam 1.5mg #30 with 2 refills; Norflex 100mg #90; Gabapentin 400mg #90; Pantoprazole 20mg #30 and a Urine Drug Screening. A request for authorization has been received for Meloxicam 1.5mg #30 with 2 refills; Norflex 100mg #90; Gabapentin 400mg #90; Pantoprazole 20mg #30 and a Urine Drug Screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mb #30 with 2 refills: 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, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of Meloxicam with diagnosis including chronic pain syndrome; low back pain, lumbar facet hypertrophy. The MTUS guidelines states that use of NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain or for those with gastrointestinal, cardiovascular or renovascular risk factors. In this case, the use of Meloxicam is not guideline-supported. This is secondary to the prolonged duration of use without significant pain or functional improvement seen. As such, the continued use of Meloxicam is not medically necessary.

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The request is for the medication Norflex with diagnosis including chronic lumbar pain. The MTUS guidelines state that use of muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. In most cases they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the use of Norflex is not guideline-supported. This is secondary to no documentation of failure of first-line therapy or a recent acute exacerbation, with prolonged duration of use placing the patient at risk for dependence. As such, the use of Norflex is not medically necessary.

Gabapentin 400mg #90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for the use of Gabapentin for diagnosis including chronic lumbar pain. The MTUS guidelines recommend the use of anti-epilepsy drugs for neuropathic pain such as post-herpetic neuralgia and painful polyneuropathy. A good response to use has

been defined as a 50% reduction in pain with less than at least 30% reduction advised as the trigger for either a switch to a different first-line agent or combination therapy. After initiation of treatment there should be documentation of not only pain relief, but improvement in function and side effects seen. In this case, the use of Gabapentin is not guideline-supported. This is secondary to no documentation revealing the patient's pain being neuropathic in origin or improvement in function seen. Functional improvement is defined as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications used. As such, the use of Gabapentin is not medically necessary.

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: 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 request is for the use of Pantoprazole with diagnosis including chronic lumbar pain. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against GI and cardiovascular risk factors. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease would benefit from a proton pump inhibitor if on a non-selective NSAID. Risk is determined by an age of greater than 65, a history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or patients on high dose/multiple NSAIDs. In this case, the patient is on an anti-inflammatory but there is no documentation found which places the patient at intermediate risk for gastrointestinal events such as peptic ulcer disease. As such, the request for the use of pantoprazole is not medically necessary.

Urine drug screen: Upheld

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

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

Decision rationale: The request is for a drug screen with diagnosis including chronic lumbar pain, lumbar facet hypertrophy. The MTUS guidelines under the section On-going management of opioids advises drug screen testing for patients with abuse, addiction or poor pain control. In this case, drug testing is not guideline-supported. This is secondary to no documentation seen of opioid medication use or addiction issues. As such, the request for a drug screen is not medically necessary.