

Case Number:	CM15-0207596		
Date Assigned:	10/26/2015	Date of Injury:	05/09/2013
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 40-year-old male who sustained an industrial injury on 05/09/2013. Medical records indicated the worker was treated for lower back pain and chronic pain syndrome. In the provider notes of 09-30-2015, the injured worker complains of low back pain. On a rating scale of 0-10, the worker reports his pain as a 7. The pain is characterized as aching, burning, sharp and shooting and radiates to the bilateral legs. He describes his pain as severe. The pain is aggravated by prolonged sitting and prolonged walking. Pain is relieved by application of topical pain medications, medications and rest. The medications do not completely relieve his pain. Before a dose of Norco, his pain level is 9-10 on a scale of 0-10, and 30-45 minutes after the Norco, the pain decreases to a 7-8 on a scale of 0-10. The relief lasts for 3-4 hours. His medications include Lidopro ointment, Lunesta, Zofran, Terocin patches, Lexapro, Gabapentin, Norco, and pantoprazole. He states the Lexapro calms him down. Quality of sleep is poor and he feels fatigued, has reduced energy, impaired concentration and suicidal ideations without plans for committing suicide. He endorses feelings of helplessness, hopelessness, and worthlessness. He has benefitted from talking with a psychologist. On physical examination, he appears well groomed but depressed, fatigued, in moderate pain and tearful. He shows no signs of intoxication or withdrawal. He ambulates without a device and has a normal gait. His lumbar range of motion is restricted in flexion and extension. On palpation, he has spasm and tenderness of the bilateral paravertebral muscles, and spinous process tenderness is noted on L3, L4, and L5. He can walk on his heels and toes. Lumbar facet loading is positive on both sides. Straight leg raising test is positive bilaterally at 60 degrees in the sitting position.

Tenderness is noted over the sacroiliac spine. Motor testing is limited by pain. Sensory exam has decreased light touch sensation over the medial foot, medial calf, lateral calf, and lateral thigh on the right. Treatment plans include discontinuing Lunesta, increasing dosage of Lexapro, and refilling Pantoprazole, gabapentin, Norco, and Lexapro. A request for authorization was submitted for: 1. Lexapro 20mg #30; 2. Gabapentin 300mg #30; 3. Norco 5/325mg #60; 4. Pantoprazole Sodium DR 20mg #60. A utilization review decision 10-12- 2015: Approved: Lexapro 20mg #30; Non- approved Gabapentin 300mg #30; Norco 5/325mg #60; Pantoprazole Sodium DR 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 09/30/15 progress report provided by treating physician, the patient presents with low back pain with numbness and tingling to both extremities. The request is for GABAPENTIN 300MG #30. Patient's diagnosis per Request for Authorization form dated 10/05/15 includes lumbago and chronic pain syndrome. Physical examination to the lumbar spine on 09/30/15 revealed spasm and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Treatment to date has included functional restoration program, psychological consult and medications. Patient's medications include Lidopro ointment, Lunesta, Zofran, Terocin patches, Lexapro, Gabapentin, Norco and Pantoprazole. The patient is temporarily totally disabled, per 09/30/15 report. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin has been included in patient's medications, per progress reports dated 09/01/15 and 09/30/15. It appears Gabapentin was initiated on 09/01/15. Per 09/30/15 report, treater states the patient "tolerates the medications well. Patient shows no evidence of developing medication dependency." In this case, the patient continues with radicular pain for which Gabapentin is indicated, and treater has documented benefit from medication. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 5/325mg #60: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 09/30/15 progress report provided by treating physician, the patient presents with low back pain with numbness and tingling to both extremities. The request is for NORCO 5/325MG #60. Patient's diagnosis per Request for Authorization form dated 10/05/15 includes lumbago and chronic pain syndrome. Physical examination to the lumbar spine on 09/30/15 revealed spasm and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Treatment to date has included functional restoration program, psychological consult and medications. Patient's medications include Lidopro ointment, Lunesta, Zofran, Terocin patches, Lexapro, Gabapentin, Norco and Pantoprazole. The patient is temporarily totally disabled, per 09/30/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 09/01/15 and 09/30/15. It appears Norco was initiated on 09/01/15. The patient has been prescribed Ultracet in prior reports and it is not known how long the patient has been on opioid therapy. UDS dated 07/10/15 was provided and consistent with Ultracet. Per 09/30/15 report, treater states the patient "tolerates the medications well. Patient shows no evidence of developing medication dependency. Patient states that before a dose of Norco this morning his pain level was 9-10/10, after the dose of Norco it was 7-8/10. Relief took about 30-45 minutes to take effect; he states that in general a dose lasts for 3-4 hours." In this case, treater has addressed analgesia, but has not stated how Norco reduces pain and significantly improves patient's activities of daily living with specific examples. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Pantoprazole Sodium Dr 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

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

Decision rationale: Based on the 09/30/15 progress report provided by treating physician, the patient presents with low back pain with numbness and tingling to both extremities. The request is for PANTOPRAZOLE SODIUM DR 20MG #60. Patient's diagnosis per Request for Authorization form dated 10/05/15 includes lumbago and chronic pain syndrome. Physical examination to the lumbar spine on 09/30/15 revealed spasm and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Treatment to date has included functional restoration program, psychological consult and medications. Patient's medications include Lidopro ointment, Lunesta, Zofran, Terocin patches, Lexapro, Gabapentin, Norco and Pantoprazole. The patient is temporarily totally disabled, per 09/30/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole has been included in patient's medications, per progress reports dated 06/03/15, 09/01/15 and 09/30/15. It is not known when this medication was initiated. Per 09/30/15 report, the patient has abdominal pain, bloating, decreased appetite, nausea and heartburn. Treater states the hearburn is controlled with medication. Prophylactic use of PPI is indicated by MTUS. Treater has documented benefit from the medication and gastric problems for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.