MAXIMUS Federal Services

Case Number:	CM15-0029002		
Date Assigned:	02/23/2015	Date of Injury:	06/24/2006
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 6/24/2006. She reports a fall, twisting her right knee and lower back. Diagnoses include left knee medial meniscal tear and anterior cruciate ligament tear with surgical repair, chronic depression, chronic low back pain, chronic anxiety, sacroiliitis, lumbar degenerative disc disease, insomnia, facet arthropathy, myalgia, myositis, lower leg pain lumbosacral radiculopathy, gastro esophageal reflux disease and obesity. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/30/2015 indicates the injured worker reported worsening low back pain with radiating pain occasionally to the bilateral thighs and right calf. On 2/9/2015, Utilization Review non-certified the request for gastroenterologist consultation, Norco 10/325 mg #120, Klonipin 1 mg #24, Butrans 20 mcg/hour #4 and Ambien CR 12.5 mg #30, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). In the event that there are GI issues related to NSAID use, NSAIDs can be stopped or switched to a COX-2 inhibitor and /or PPI added. A review of the injured workers medical records that are available to me do not reveal any subjective or objective documentation of gastrointestinal issues and the medication list does not show any NSAID or PPI use, without this documentation medical necessity for gastroenterology consult cannot be established. The request is not medically necessary.

Norco 10/325 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed

and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, and persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me reveals the recommended documentation including subjective and objective pain and functional improvement required for the ongoing use of opioid therapy and therefore the request for Norco 10/325 mg #120 is medically necessary.

Klonopin 1 MG #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety; a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines and therefore the request for Klonopin 1 MG #24 is not medically necessary.

Butrans 20 MCG/HR #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Buprenorphine for chronic pain.

Decision rationale: The MTUS did not specifically address the use of Butrans and therefore other guidelines were consulted. Per the ODG Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients and is generally not considered first line. Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously

been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. A review of the injured workers medical records do not show that she falls within the recommended criteria for continued Butrans use, therefore the request for Butrans 20 MCG/HR #4 is not medically necessary.

Ambien CR 12.5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

Decision rationale: The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term, however given the risks there is no clear indication for the continued use of this medication in the injured worker, the risks outweigh the benefits and the continued use of Ambien is not medically necessary.