

Case Number:	CM15-0224617		
Date Assigned:	11/23/2015	Date of Injury:	11/18/2011
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44-year-old female, who sustained an industrial injury on 11-18-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain and sprain with myofascial pain, lumbar radiculitis, chronic pain syndrome, cervical strain and sprain with myofascial pain, and gastritis. Medical records (05-05-2015 to 10-05-2015) indicate ongoing neck pain radiating to the left upper extremity (LUE), and low back pain with radiating pain into the bilateral lower extremities (BLE). Pain levels were 2-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-05-2015, revealed decreased and painful range of motion in the lumbar spine, myospasms, and tenderness to palpation. Relevant treatments have included: physical therapy (PT), work restrictions, and medications. The IW had been prescribed: Vimovo (non-steroidal anti-inflammatory & proton pump inhibitor) since 06-05-2015; Vistaril (antihistamine) since 05-05-2015; and Horizant (gabapentin enacarbil extended-release) since 05-05-2015. The request for authorization (10-12-2015) shows that the following medications were requested: Vimovo 500-20mg #30, Vistaril 20mg #30, and Horizant 600mg #30. The original utilization review (10-19-2015) non-certified the request for Vimovo 500-20mg #30, Vistaril 20mg #30, and Horizant 600mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20 MG #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).

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) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs), Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vimovo 500/20mg, #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are lumbar sprain strain and myofascial pain, stable; lumbar left radiculitis improved; chronic pain syndrome; cervical strain and myofascial pain; and gastritis. Date of injury is November 18, 2011. Request for authorization is October 12, 2015. According to a progress note dated May 5, 2015, subjective complaints of low back pain. The treating provider prescribed Neurontin, Pamelor (discontinued), a request for vomovo and a request for a trial of Vistaril. According to a June 5, 2015 progress note, Neurontin was increased to 400 mg. Pamelor was renewed (prior progress note was discontinued) and the treating provider requested pamelor and Vimovo. According to a September 4, 2015 progress note, the treating provider indicated Horizant 600mg was beneficial, but caused cognitive side effects. The treating provider indicated he was going to reduce the dose. The treating provider also requested authorization for Vomovo. There was another request for Pamelor. Again, there was no documentation of Vistaril. According to the most recent progress note dated October 5, 2015, subjective complaints included low back pain that radiated to the bilateral lower extremities. Pain score was 5/10. Objectively, range of motion was decreased and there was tenderness to palpation. The remainder of the progress note was cut off and absent from the record. There is no clinical indication or rationale for a combination drug (non-steroidal anti-inflammatory drug and proton pump inhibitor). There is no documentation of comorbid conditions for gastrointestinal events necessitating a proton pump inhibitor. There is no documentation of failed non-steroidal anti-inflammatory drug use. There is no documentation of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, no comorbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale for a combination drug with a proton pump inhibitor, Vimovo 500/20mg, #30 is not medically necessary.

Vistaril 20 MG #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682866.html>.

Decision rationale: Pursuant to Medline plus, Vistaril 20 mg, #30 is not medically necessary. Hydroxyzine is used to relieve the itching caused by allergies and to control the nausea and vomiting caused by various conditions, including motion sickness. It is also used for anxiety and to treat the symptoms of alcohol withdrawal. In this case, the injured worker's working diagnoses are lumbar sprain strain and myofascial pain, stable; lumbar left radiculitis improved; chronic pain syndrome; cervical strain and myofascial pain; and gastritis. Date of injury is November 18, 2011. Request for authorization is October 12, 2015. According to a progress note dated May 5, 2015, subjective complaints of low back pain. The treating provider prescribed Neurontin, Pamelor (discontinued), a request for vomovo and a request for a trial of Vistaril. According to a June 5, 2015 progress note, Neurontin was increased to 400 mg. Pamelor was renewed (prior progress note was discontinued) and the treating provider requested pamelor and Vimovo. According to a September 4, 2015 progress note, the treating provider indicated Horizant 600mg was beneficial, but caused cognitive side effects. The treating provider indicated he was going to reduce the dose. The treating provider also requested authorization for Vomovo. There was another request for Pamelor. Again, there was no documentation of Vistaril. According to the most recent progress note dated October 5, 2015, subjective complaints included low back pain that radiated to the bilateral lower extremities. Pain score was 5/10. Objectively, range of motion was decreased and there was tenderness to palpation. The remainder of the progress note was cut off and absent from the record. The documentation shows the treating provider prescribed Pamelor for sleep. According to the May 5, 2015 progress note, Pamelor was discontinued. Subsequent documentation indicates Pamela was not discontinued, but refilled. There was no documentation demonstrating objective functional improvement and the review of systems indicated positive insomnia. A progress note dated October 5, 2015 was cut off after the physical examination. There was no clinical indication or rationale for Vistaril in the record. The Vistaril start date is not specified in the medical record. A trial of Vistaril was first requested May 5, 2015. It was inconsistent documentation with no subsequent request until the December 4, 2015 progress note. Based on clinical information in the medical record, the peer-reviewed evidence- based guidelines, no documentation of failed Pamelor and no documentation with a clinical indication or rationale for Vistaril in the October 5, 2015 progress note, Vistaril 20 mg, #30 is not medically necessary.

Horizant 600 MG #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).

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) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Horizant 600 mg, #30 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are lumbar sprain strain and myofascial pain, stable; lumbar left radiculitis improved; chronic pain syndrome; cervical strain and myofascial pain; and gastritis. Date of injury is November 18, 2011. Request for authorization is October 12, 2015. According to a progress note dated May 5, 2015, subjective complaints of low back pain. The treating provider prescribed Neurontin, Pamelor (discontinued), a request for vomovo and a request for a trial of Vistaril. According to a June 5, 2015 progress note, Neurontin was increased to 400 mg. Pamelor was renewed (prior progress note was discontinued) and the treating provider requested pamelor and Vimovo. According to a September 4, 2015 progress note, the treating provider indicated Horizant 600mg was beneficial, but caused cognitive side effects. The treating provider indicated he was going to reduce the dose. The treating provider also requested authorization for Vomovo. There was another request for Pamelor. Again, there was no documentation of Vistaril. According to the most recent progress note dated October 5, 2015, subjective complaints included low back pain that radiated to the bilateral lower extremities. Pain score was 5/10. Objectively, range of motion was decreased and there was tenderness to palpation. The remainder of the progress note was cut off and absent from the record. As noted above, the treating provider indicated Horizant 600mg was beneficial, but caused cognitive side effects. The treating provider indicated he was going to reduce the dose. There is no clinical indication (based on the recorded documentation) indicating Horizant 600 mg as clinically indicated based on prior use and documented side effects. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and documentation indicating Horizant 600mg cause cognitive side effects, Horizant 600 mg, #30 is not medically necessary.