

Case Number:	CM15-0030957		
Date Assigned:	02/24/2015	Date of Injury:	06/04/2012
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old female who sustained a work related injury June 4, 2012. According to a primary treating physician's progress report dated December 15, 2014, the injured worker presented for a follow-up evaluation. She complained of worsening pain following facet blocks at L4-5 and L5-S1 two weeks ago that are now starting to improve after swelling and spasms. She complains of ongoing neck pain that extends to the top of the shoulders and intermittently into the upper extremities associated with numbness and headaches and constipation. Current medications included Xanax, Zofran, Voltaren, Norco, Protonix and Phenergan. Physical examination reveals the gait is antalgic and utilizes a front wheeled walker for ambulation. Diagnoses included; cervicogenic headaches; C5-6 and C6-7 disc degeneration; left leg radiculopathy with weakness; L4-S1 disc degeneration; left coronal plane deformity; right greater trochanter bursitis and C5-6 posterior disc protrusion. Treatment plan included requests for epidural, diagnostic discogram; psychological evaluation, medications and discussion in the use of ice/heat for pain flare-ups. According to utilization review dated January 20, 2015, the request for 5 Tablets of Dulcolax 10mg is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for 60 tablets of Xanax 0.5mg has been modified to 13 Tablets of Xanax 0.5mg, a one week supply, citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG). The request for 90 Tablets of Norco 10/325mg has been modified to 19 Tablets of Norco 10/325mg, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for 60 Tablets of Protonix 20mg is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 tablets of Dulcolax 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

Decision rationale: According to ODG guidelines, Dulcolax is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore the use of Dulcolax is not medically necessary.

60 tablets of Xanax 0.5mg: 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) - Treatment in Workers' Compensation (TWC), Online Edition, Pain (Chronic) Chapter, Alprazolam (Xanax).

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient was prescribed Xanax in the past and there is no justification to continue the medication. There is no recent documentation of insomnia related to pain in this case. Therefore, the use of Xanax 0.5mg #60 mg is not medically necessary.

90 tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #90 is not medically necessary.

60 tablets of Protonix 20mg: 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), Opioid - induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the prescription of PROTONIX #60 is not medically necessary.