

Case Number:	CM15-0052001		
Date Assigned:	03/25/2015	Date of Injury:	12/12/1994
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 46-year-old male who reported an injury on 12/12/1994. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with lumbar sprain, cervical sprain, and dyspepsia secondary to NSAID use. The injured worker presented on 02/19/2015 with complaints of severe low back pain, muscle spasm, and radiating symptoms into the left lower extremity. The injured worker continued to be self employed and reported an inability to function without pain medication. The current medication regimen includes Norco, Valium, Duexis, and Dexilant. The injured worker reported 8/10 pain. The pain was rated 4/10 with medication and 10/10 without medication. The injured worker also utilized a TENS unit on a daily basis which provided an improvement in symptoms and a decrease in the dependence on oral pain medication. Upon examination, there was 20 degrees flexion, 10 degrees extension, positive straight leg raise bilaterally at 80 degrees, absent right Achilles reflect, 1+ Achilles reflex on the left, sensory loss in the right lateral calf, and bottom of the foot, and 5/5 motor strength. Cervical range of motion was limited in all planes. Recommendations at that time included continuation of the current medication regimen. It was noted that the injured worker had previously signed a narcotic contract and previous urine drug screens had been appropriate. A Request for Authorization form was then submitted on 02/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since at least 09/2014. Although the injured worker reported an improvement in symptoms with the use of the current medication regimen, the injured worker continues to present with complaints of severe low back pain, muscle spasm, and radiating symptoms. There is no evidence of objective functional improvement despite the ongoing use of this medication. In addition, there was no frequency listed in the request. As such, the request is not medically appropriate at this time.

1 prescription of Valium 10mg #0: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. In this case, it is noted that the injured worker has utilized the above medication since at least 09/2014. The injured worker does not maintain a diagnosis of anxiety disorder. In addition, there is no evidence of objective functional improvement. Guidelines do not support long term use of benzodiazepines. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate at this time.

1 prescription of Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain.

For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized the above medication since 11/2014. Guidelines do not support long term use of NSAIDs. In addition, the injured worker maintains a diagnosis of dyspepsia secondary to NSAID use. The injured worker also utilizes Dexilant 60 mg for dyspepsia. The medical necessity for an additional combination medication has not been established in this case. In addition, there is no fluency listed in the request. As such, the request is not medically appropriate.

1 prescription of Dexilant 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, it is noted that the injured worker maintains a diagnosis of dyspepsia secondary to NSAID use. As the injured worker's request for the ongoing use of an NSAID has not been authorized, the medical necessity for the requested medication has not been established at this time. In addition, there is no evidence of a recent trial and failure of first line proton pump inhibitors prior to the initiation of a second line proton pump inhibitor such as Dexilant. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.