

Case Number:	CM15-0083767		
Date Assigned:	05/06/2015	Date of Injury:	12/27/2012
Decision Date:	06/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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: Family Practice

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 69 year old male who sustained a work related injury December 27, 2012. According to a primary treating physician's progress report, dated March 9, 2015, the injured worker presented for re-evaluation and needing refills of medication for pain. He has complaints of ongoing low back pain. He uses Norco sparingly, the last prescription in December lasted three month (no dosage or quantity provided). He also uses stim-heat for pain. On system examination the injured worker reports; fatigue, weakness, wheezing, awakening from sleep with shortness of breath, swallowing difficulties, heartburn, changes in bowel habits (not specified), erectile dysfunction; calf pain when walking, tremor(unspecified), numbness, thirst and frequent urination. Diagnoses included bilateral knee tendinopathy; mild shoulder acromioclavicular arthrosis; two level lumbar discopathy; single level cervical discopathy. Treatment plan included request for authorization for Norco, Prilosec, and Symbicort inhaler.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 tablet orally 2 times a day #60 Refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), such as Prilosec, as a treatment modality. In general, PPIs are used as an adjunct for patients on NSAIDs as a means to reduce the risk of a serious gastrointestinal event. These include the development of ulcers, a gastrointestinal bleed, or a perforation. There are well known risk factors associated for these adverse gastrointestinal events. They include the following: (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). Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio-protection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, the medical records do not indicate that the patient is on a long-term NSAID. Further, the only risk factor identified is the patient's age. There is no history of GI bleed, ulcer or perforation or use of other medications that affect the risk of an adverse gastrointestinal event. There is also insufficient documentation that the patient has undergone an evaluation for heartburn to assess for the underlying etiology of these symptoms. For these reasons, Prilosec is not considered as medically necessary.

Norco 10/325mg 1 table orally every 6 hours as needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of

documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. There is insufficient documentation that the use of Norco has had a clinically meaningful impact on the level of the patient's pain. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.

Symbicort Inhaler 80/4.5 Inhaler 2 puffs twice a day as needed Refill: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pulmonary Section: Symbicort.

Decision rationale: The Official Disability Guidelines, Pulmonary Chapter, comments on the use of inhaled medications for the treatment of common respiratory conditions such as asthma and chronic obstructive pulmonary disease. The indications for the use of inhaled medications for asthma and for chronic obstructive pulmonary disease is based on an accurate diagnosis and an assessment of the severity of the symptoms. These guidelines comment on the National Consensus Guidelines for a step-wise approach to the treatment of these two respiratory conditions. Regarding Symbicort, this combination of a LABA (inhaled long-acting beta2-agonists) / ICS (inhaled corticosteroids) is a first-line choice for asthma. However, in this case, there is insufficient documentation in the medical records to indicate that there has been an evaluation of this patient's respiratory condition and that he meets the well-recognized criteria for the diagnosis of asthma. Given the lack of documentation of this patient's underlying cause of his respiratory symptoms, it is unclear whether Symbicort is an appropriate treatment. For this reason, Symbicort is not considered as medically necessary.