

Case Number:	CM15-0088189		
Date Assigned:	05/12/2015	Date of Injury:	11/15/2012
Decision Date:	06/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 40-year-old male, who sustained an industrial injury on 11/15/12. He reported low back pain. The injured worker was diagnosed as having L4-5 spondylosis, L4-5 recurrent herniation status post laminectomy on 8/22/14, and progressive motor and sensory deficit in the right lower extremity secondary to pars defect instability. Treatment to date has included physical therapy, home exercise, and medication. The injured worker had been taking Norco since at least 11/14/14. A physician's report dated 2/16/15 noted pain was rated as 7/10. A physician's report dated 3/17/15 noted pain was rated as 10/10 at worst and 7/10 with medications. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10/325mg #60, Tramadol 150mg #90, and Pepcid 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The neurosurgical lumbar spine progress report dated February 16, 2015 documented that the patient was five months and three weeks status post laminectomy for a right L4-L5 disc herniation. He continued to have pain from recurrent disc herniation at L4-L5 associated with bilateral pars defect spondylolysis and spondylolisthesis at L4-L5. L4-L5 global arthrodesis was requested. The neurosurgical lumbar spine progress report dated March 17, 2015 documented that the patient continues to have lower back pain on a daily basis, constant in nature with an intensity of 10/10. It is difficult to sleep. He wakes up 2-3 times a night. Walking is difficult and painful. Going up and down stairs is cumbersome. Going down is more difficult than going up. Getting up from a seated position is difficult as well. His pain level with medication is a 7/10. The pain radiates into right buttock, through the dorsolateral thigh to the knee. The pain skips the calf region and again is in the top of the right foot and a little in the bottom of the right foot includes the right big toe and 2nd toe. He has corresponding numbness tingling and burning. Physical examination was documented. Standing range of motion is 45 degrees. Straight leg raising is 70 degrees with 70 degrees on the left with cross over tension sign on the right. There is a mild crossed straight leg raising on the left. Heel walking is normal. Heel to toe raising is diminished on the right. Toe walking is normal. Tandem is off. Gait is broad based. Knee reflexes are 2. Right ankle trace. Left ankle is 2. Sensory shows right L4-L5 dorsolateral foot, calf, and thigh. Motor exam shows 4/5 weakness at the extensor hallucis, extensor digitorum, tibialis anterior inversion, hamstring group, and mild gluteus maximus weakness. L4-L5 spondylolysis and spondylolisthesis grade 1, biomechanical instability, failed motion segment with persistent axial back pain resulting in recurrent disc herniation from unstable range of motion at L4-L5 was noted. L4-L5 recurrent herniation status post laminectomy August 22, 2014 with associated interspace collapse, Modic changes, JOSS of interspace height from 14 mm to 4-5 mm, corresponding foraminal stenosis combined with large recurrent disc herniation resulting in radiculopathy, right lower extremity with progressive motor sensory deficit, back pain out of proportion to sciatica was noted. Progressive motor and sensory deficit right lower extremity secondary to pars defect instability, spondylosis, spondylolisthesis, and recurrent disc herniation extrusion with nerve root compression was noted. The patient is status post lumbar spine surgery, and L4-L5 global arthrodesis was requested. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Tramadol 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for use, Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The neurosurgical lumbar spine progress report dated February 16, 2015 documented that the patient was five months and three weeks status post laminectomy for a right L4-L5 disc herniation. He continued to have pain from recurrent disc herniation at L4-L5 associated with bilateral pars defect spondylolysis and spondylolisthesis at L4-L5. L4-L5 global arthrodesis was requested. The neurosurgical lumbar spine progress report dated March 17, 2015 documented that the patient continues to have lower back pain on a daily basis, constant in nature with an intensity of 10/10. It is difficult to sleep. He wakes up 2-3 times a night. Walking is difficult and painful. Going up and down stairs is cumbersome. Going down is more difficult than going up. Getting up from a seated position is difficult as well. His pain level with medication is a 7/10. The pain radiates into right buttock, through the dorsolateral thigh to the knee. The pain skips the calf region and again is in the top of the right foot and a little in the bottom of the right foot includes the right big toe and 2nd toe. He has corresponding numbness tingling and burning. Physical examination was documented. Standing range of motion is 45 degrees. Straight leg raising is 70 degrees with 70 degrees on the left with cross over tension sign on the right. There is a mild crossed straight leg raising on the left. Heel walking is normal. Heel to toe raising is diminished on the right. Toe walking is normal. Tandem is off. Gait is broad based. Knee reflexes are 2. Right ankle trace. Left ankle is 2. Sensory shows right L4-L5 dorsolateral foot, calf, and thigh. Motor exam shows 4/5 weakness at the extensor hallucis, extensor digitorum, tibialis anterior inversion, hamstring group, and mild gluteus maximus weakness. L4-L5 spondylolysis and spondylolisthesis grade 1, biomechanical instability, failed motion segment with persistent axial back pain resulting in recurrent disc herniation from unstable range of motion at L4-L5 was noted. L4-L5 recurrent herniation status post laminectomy August 22, 2014 with associated interspace collapse, Modic changes, JOSS of interspace height from 14 mm to 4-5 mm, corresponding foraminal stenosis combined with large recurrent disc herniation resulting in radiculopathy, right lower extremity with progressive motor sensory deficit, back pain out of proportion to sciatica was noted. Progressive motor and sensory deficit right lower extremity secondary to pars defect instability, spondylosis, spondylolisthesis, and recurrent disc herniation extrusion with nerve root compression was noted. The patient is status post lumbar spine surgery, and L4-L5 global arthrodesis was requested. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol is medically necessary.

Pepcid 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (<http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebruary2009.pdf>).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. MTUS does not address Pepcid (Famotidine). American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. Economic modeling suggests that cotherapy with an H2RA may be a cost-effective strategy for prevention of ulcer bleeding in NSAID users. The neurosurgical lumbar spine progress report dated March 17, 2015 did not document a gastrointestinal diagnosis. No NSAID use was documented in the 3/17/15 progress reports. The medical necessity of Pepcid (Famotidine) is not established. Therefore, the request for Pepcid (Famotidine) is not medically necessary.