

Case Number:	CM14-0127246		
Date Assigned:	09/23/2014	Date of Injury:	11/26/2002
Decision Date:	10/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old female with a 2/13/2004 date of injury. A specific mechanism of injury was not described. 8/1/14 determination was modified. Hydrocodone and Orphenadrine were modified to allow weaning, and Naproxen and Omeprazole were denied. Hydrocodone did not have adequate documentation of a maintained increase in function with the use of the medication. For naproxen, guidelines did not support long-term use of NSAIDs. For pantoprazole and Orphenadrine, the reasons for the determination were not provided, as the report was incomplete. 2/4/14 follow-up report by [REDACTED] revealed 7/10 low back pain with left greater than right lower extremity symptoms; and 7/10 right wrist pain. The patient reported heightened function with medication including shopping for groceries, very light household duties, preparing food, grooming, and bathing. Medication facilitates maintenance of recommended exercise level and health activity level. It was noted that hydrocodone decreased the pain level 4 points in the scale of 10 and patient reported greater tolerance to specific activity and maintenance of ADLs. No side effects. NSAID resulted in 2-3 point average decrease in somatic pain and greater range of motion. The patient recalled GI upset with no PPI, with PPI at qd and bid dosing the patient denied GI upset. Cyclobenzaprine decreased spasm average for 5 hours, with resultant improved range of motion, tolerance to exercise, and decrease in overall pain 2-3 points. The spasm had remained refractory to activity modification, physical therapy, heat, cold, home exercises, before cyclobenzaprine dosing. Exam revealed tenderness over the lumbar spine with limited range of motion due to pain and neurologically unchanged and positive SLR. Spasm of the lumboparaspinals was less pronounced. It was also noted that current opiate guidelines were discussed with the patient. Diagnoses included protrusion L5-S1 with radiculopathy and s/p lumbar decompression January 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 91,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81; 79-80.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider appropriately documented pain relief and continued appropriate function with this medication. However, there was no urine toxicology test provided or any other evidence of medication compliance. In addition, the report provided was of February and there were no more recent reports for review. Considering this, partial certification would be appropriate to allow an opportunity for submission of medication compliance guidelines, or to use this timeframe initiate downward titration and complete discontinuation of medication on subsequent reviews secondary to medication guideline non-compliance. The prior determination appropriately recommended a modification to allow for one month supply of the medication, however, in the context of this review and the inability to provide a modified certification, the request was made was not medically necessary.

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. The patient had continued pain with decrease in the same with the use of the requested medication. There was also increased range of motion. Although ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, it also states that NSAIDs may be useful to treat breakthrough pain. Given the patient's continued pain and limited side effects, continuation of naproxen is indicated with recommendation for future requests to be accompanied of a more recent medical report. The medical necessity was substantiated.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, (Pain Chapter): Proton pump inhibitors (PPIs) Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies,

Decision rationale: MTUS chronic pain medical treatment guidelines describes that proton pump inhibitors can be recommended for those patients at intermediate risk for gastrointestinal immense and no cardiovascular disease. ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. While there was indication of GI upset due to NSAIDs, well controlled with the use of a PPI, there was no rationale for the need of pantoprazole as opposed to other first line medications, or intolerance to such. The medical necessity was not substantiated.

Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. The provider documents that the patient's muscle spasms have been refractory to other conservative treatment and that cyclobenzaprine provides approximately 5 hours of spasm relief. However, there was no mention about Orphenadrine, or the necessity of two muscle relaxants prescribed concurrently. The medical necessity was not substantiated.