

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0147462 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 03/22/1999 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 Occupational Medicine 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:

The patient is a 62-year-old male who has submitted a claim for post-laminectomy syndrome of the lumbar area associated with an industrial injury date of March 22, 1999. Medical records from 2014 were reviewed, which showed that the patient complained of severe back and burning leg pain which were reduced to a moderate level with use of medications and spinal cord stimulator; muscle spasms and cramping without Valium and Soma use; anxiety; notation of an overall quality of life improvement related to medication use, without related side-effects or sleepiness; and a lack of gastrointestinal complaints. Examination revealed positive testing for bilateral lower extremity radiculopathy, and muscle spasm in the lumbar spine. An MRI dated 8/15/2007 found a disc bulge and mild left neuroforaminal stenosis at L2-L3, disc protrusion with mild spinal canal and bilateral neuroforaminal stenosis at L3-L4, disc bulging and hypertrophic facet changes that resulted in bilateral neuroforaminal stenosis and possible L4 nerve impingement at L4-L5 and fusion at L5-S1. Treatment to date has included Valium, pantoprazole, Vicodin, gabapentin, oxycodone and Quetiapine Femarate-seroquel. Utilization review from August 27, 2014 denied the request for 1 prescription of Valium 5mg #60, 1 prescription for Pantoprazole-Protonix 20mg #60, 1 prescription for Hydrocodone bit/APAP10-325mg #90 and 1 prescription for Quetiapine Femarate-Seroquel 25mg, #60. The request for Valium was modified to a lower number of pills because benzodiazepines are not recommended for long-term use. The request for Protonix was denied because there are no findings of concurrent NSAID use or of related ulcer complications, GERD, or acute GI bleeding. The request for Vicodin was modified to a lower number of pills because a follow-up visit was scheduled for four weeks and prescribed dosing is a half tablet every eight hours. The request for Seroquel was denied because there was a lack of documented findings indicating depression or psychosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: 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 (Chronic)

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, patient has been using Valium, a benzodiazepine since March 28, 2014. It had been more than 4 weeks since the patient started Valium. There was no discussion as to the need for extension beyond the treatment guidelines. Therefore, the request for Valium 5mg #60 is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation A national clinical guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Moreover, there is no concurrent use of an NSAID, corticosteroids or an anticoagulant. Therefore, the request for Pantoprazole-Protonix 20mg #60 is not medically necessary.

Hydrocodonebit/APAP 10-325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Ongoing Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, progress notes mention that the medications provided an overall quality of life improvement related to medication use. There are no related side-effects or sleepiness. There is no indication of a drug aberrant behavior or improper use. Therefore, the request for Hydrocodonebit/APAP 10-325mg #90 is medically necessary.

Quetiapine Femeate-Seroquel 25mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness, Atypical Antipsychotics

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, there is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using Quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. In this case, the patient does not have a diagnosis of psychosis, depression and even insomnia. There is no documented clear indication for the use of this medication. Therefore, the request for Quetiapine Femeate-Seroquel 25mg, #60 is not medically necessary.