

Case Number:	CM14-0147885		
Date Assigned:	09/18/2014	Date of Injury:	09/27/1997
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation & Pain 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 injured worker is a 74-year-old female who sustained an injury on 9/27/97. On 8/27/14, she complained of constant pain in her back, shooting into her right leg with a burning sensation in the leg and foot. She had been using her TENS unit daily with benefit. She rated the pain as 9/10, at best 4/10 with medications and 10/10 without medications. She indicated that Norco provides 50% reduction in pain and 50% functional improvement with activities of daily living. She states that Mobic is very helpful with regards to lowering her pain and improving her level of function and decreasing dependence on narcotic use. On exam, she exhibited benign truncal tremors and gyrations throughout her trunk and upper extremities. Lower back exam revealed limited ROM with flexion 30 degrees and extension 5 degrees. Bilateral SLRs were 80 degrees causing right-sided back pain radiating into the right buttock and posterior thigh. She had altered sensory loss to light touch and pinprick in the right lateral calf and bottom of foot. She ambulated with a limp. Deep tendon reflexes were +1 at the knees and ankles. An MRI revealed lumbar degenerative disc disease, severe facet arthrosis with overgrowth of the facets from L3-S1 with a disc herniation at L5-S1 abutting the right SI nerve root. X-rays (undated) of the right hip revealed mild DJD. Multiple UDSs have been appropriate according to reports. Current medications include Norco, Mobic, Protonix, and Gralise/Neurontin. Diagnoses include lumbar sprain/strain with lumbar DJD; right hip DJD; mild right ankle sprain/strain, stable; right knee sprain/strain with DJD, stable; benign truncal tremors, stable; and venostasis and hypertension. Norco, Mobic, Protonix and Gralise were previously approved on 02/04/14 and 08/27/14. The request for Norco 10/325 mg #120 was modified to Norco 10/325 mg #80 and Gralise 600 mg #30 was modified to Gralise 600 mg #15; Mobic 15 mg #30 and Protonix 40 mg #30 were denied on 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." The MTUS Chronic Pain Guidelines also state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. There is no evidence of return to work. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function specific to use of this medication. Furthermore, long-acting opioids should be considered when continuous around the clock pain relief is desired (i.e. with frequent dosing of short-acting opioids). The medical documents do not support continuation of opioid pain management. Therefore, the request is not medically necessary and appropriate.

Mobic 15mg #30: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, Meloxicam (Mobic, generic available) is in the class of NSAIDs and is indicated in Osteoarthritis: The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. Use for mild to moderate pain is off-label. According to the MTUS Chronic Pain Guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function, but is associated with GI and cardiovascular risks. In this case, there is little to no documentation of any significant improvement in pain level or function specific to its use. There is no documentation of trial of acetaminophen. It is not clear how long the IW has been

taking this medication since long term use is not recommended. Therefore, the request is not medically necessary and appropriate.

Protonix 40mg #30: 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 PPI Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Pantoprazole (Protonix) "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The MTUS Chronic Pain Guidelines state PPI medications such as Pantoprazole (Protonix) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the medical records do not establish the IW is at significant risk for GI events or evidence of dyspepsia. There is no documentation that the above criteria are met. Therefore, in accordance with the MTUS Chronic Pain Guidelines, the request is not medically necessary.

Gralise 600mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 18.

Decision rationale: According to the MTUS Chronic Pain Guidelines, an anti-epilepsy drug (AED), such as Gabapentin (Gralise), is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records indicate that the patient has neuropathic pain in the form of radicular pain shooting into her right leg with a burning sensation in the leg and foot. However, there is little to no documentation of significant improvement in pain level (i.e. VAS) with continuous use. Therefore, the medical necessity of Gralise has not been established.