

Case Number:	CM14-0148040		
Date Assigned:	09/18/2014	Date of Injury:	01/10/2007
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
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 Emergency 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:

Patient with reported date of injury on 1/10/2007. No mechanism of injury was noted in multiple progress notes. Patient has a diagnosis of lumbar degenerative disc disease, bilateral lower extremity radiculopathy, medication induced gastritis, insomnia, depression, failed spinal cord stimulator(11/11), erectile dysfunction and cervical sprain/injury with upper extremity radicular symptoms. Patient is post posterior lumbar inter body fusion L3-S1(12/08) with hardware removal(2/10). Another PLIF from L3-S1 (7/29/11) and removal of anterior cages with repair of pseudoarthrosis and inter body fusion at L4-S1 (9/13/11) with final removal of hardware with extension of fusion to L2-3(6/18/13). Medical reports reviewed. Last report available until 7/17/14. Patient complain of low back pain. Pain radiates to lower extremities. Pain is 10/10. Pain "improves" to 10/10 with medications with ability to perform simple home chores. Patient is not a surgical candidate. Pain to neck with headaches is worsening. Patient also has erectile dysfunction. Note mentions that patient is attempting to decrease Oxycontin but the current dosage allows some function at home.Objective exam reveals antalgic gait. Lumbar exam reveals tenderness to palpation with muscle rigidity; Multiple trigger points with tender paraspinal muscles; Limited range of motion (ROM). Noted bilateral lower extremity weakness; Decreased L5-S1 sensory; Positive straight leg raise bilaterally; Midline lumbar scar. Cervical MRI(9/21/12) revealed C4-5 2mm disc bulge with facet arthropathy and L neural foraminal narrowing, C5-6 with 2mm disc bulge with annular fissure/tear and C6-7 with 2-3mm disc bulge with R neural foraminal narrowing. MRI of lumbar spine(no specific date was noted on a progress note from 4/17/14) that it revealed large seroma posterior to central canal at L5-S1 post decompression at L3-5 with 3-4mm bulge at L4-5. EMG (11/7/12) of lower extremities reveals L5 and S1 radiculopathy. EMG (3/11/14) of upper extremities reveals bilateral chronic C5-6 radiculopathy and moderate bilateral carpal tunnel syndrome. Lumbar and cervical X-rays

(1/11/14) reveal spondylosis of C5-6 and C67 and post-operative changes in lumbar region. Medication list include Oxycontin 40mg 2-3/day, Norco 8/day, Anaprox, Ambien, Prilosec, Neurontin, Trazadone, Cialis, Valium, Wellbutrin, marijuana and Dendracin. Patient has received multiple surgeries, prior epidural steroid injections. Independent Medical Review is for Anaprox 550mg #60, Fexmid 7.5mg #60, Norco 10/325mg #240, Oxycontin 40mg #70, Prilosec 20mg #60 and Zofran ODT 8mg #10. Prior UR on 8/6/14 recommended non-certification of Anaprox, Prilosec and Zofran. It modified Norco, Fexmid and Oxycontin for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs)>, Page(s): 67.

Decision rationale: Anaprox or Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation documents improves in pain and improvement in function on this medication as part of a medication regiment. Patient appears to have been using Naproxen for a long term and has gastritis. However, the gastritis is controlled with Prilosec. Patient has multiple spinal arthritic changes that is not likely to improve. Treating providers are monitoring side effects. Therefore, the request for Anaprox DS 550mg #60 is medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril Page(s): 41-42.

Decision rationale: Fexmid is Cyclobenzaprine (also known as Flexeril), a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Pt has reported muscle spasms on exam. Patient appears to be on this medications chronically for at least 1 year. The number of tablets prescribed does not support intermittent use but likely chronic use which is not recommended as per MTUS Chronic pain guidelines. Therefore, this request for Fexmid is not medically necessary.

Norco 10/325mg #240: 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.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. Noted improvement in pain with appropriate monitoring. However, the number of tablets prescribed that patient is currently taking is excessive. Patient takes up to 8 a day which is not for "breakthrough" pain. Patient takes up to 120MED (Morphine Equivalent Dose) in Norco alone and in addition to the Oxycontin currently being taken over 240-300MED a day, which exceeds to maximum safe amount of 120MED as per MTUS guidelines. Therefore, the request for Norco is not medically necessary.

Oxycontin 40mg #70: Overturned

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.

Decision rationale: Oxycontin is long acting Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. Noted improvement in pain with appropriate monitoring. Patient takes up to 120MED (Morphine Equivalent Dose) in Norco alone and in addition to the Oxycontin currently being taken over 240-300MED a day, which exceeds to maximum safe amount of 120MED as per MTUS guidelines. Patient has severe chronic pain and is no longer amenable to surgical intervention. Pain is not likely to acutely improve. The current numbers of tablets are appropriate and will give patient a 1 month supply at 2-3 tabs a day which is enough time to consider a weaning or long term pain control program. The request is medically necessary.

Prilosec 20mg #60: Overturned

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

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

Decision rationale: Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Anaprox. As per MTUS Chronic pain guidelines, a PPI may be considered if patient is high risk for gastrointestinal events or have signs of dyspepsia. Patient has a diagnosis of gastritis that is controlled with Prilosec. Therefore, the request for Prilosec is medically necessary.

Zofran ODT 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Anti- emetic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Antiemetics(for opioid nausea)>

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron (Zofran) is an anti-nausea medication. As per Official Disability Guidelines (ODG), anti-emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. There is no documentation provided by treating physicians about nausea or any complaints of nausea. Due to lack of documentation with no noted symptoms that warrant an anti-emetic, the request for Zofran ODT is not medically necessary.