

Case Number:	CM14-0148145		
Date Assigned:	09/18/2014	Date of Injury:	12/29/2008
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
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 Anesthesiology, has a subspecialty in 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 patient is a 75 year-old female with a 12/29/08 date of injury from a slip and fall accident. The patient was diagnosed with lumbago, lumbar degenerative disc disease and lumbar radiculitis. 7/28/14 progress note described low back pain radiating into the right leg. She had back area tenderness to palpation, slow and careful gait with positive straight leg raise on the right. The range of motion was not checked. 3/19/14 progress note documented continued low back and left leg pain. Clinically, there was positive diffuse tenderness to palpation on the lumbar area and range of motion was not checked. Leg exam showed symmetrical and normal DTR strength and seated straight leg raises. Treatment plan were Norco 10/325 mg #120 with three refills and referral to pain specialist. Treatments to date included left L2-L4 fusion and hemilaminectomy on 10/12/11 and medications. The patient was taking Ibuprofen 800 mg every 6 hours prn, low dose Aspirin 81 mg daily, Neurontin 800 mg qid, Amitriptyline 10 mg at night and Norco 10-325 mg every 6 hours prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Web Edition

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

Decision rationale: Medical necessity for Norco 7.5/325mg #120 with 3 refills is not established. The medical reports reviewed described the patient is suffering from ongoing low back and bilateral leg symptoms with clinical presentation of tenderness and positive straight leg raise test. Given the 2008 date of injury, the duration of opiate use to date is not clear. There is no documentation of substantial gain to support continuation of this medication. Visual analog scale with and without medication is not provided. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, UDS and pain medication contract are not presented to support appropriate monitoring of drug compliance and possible addiction. Although opiates may be appropriate, additional information would be necessary, as the California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, this request is not medically necessary. This does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms.

Dexilant 60mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Web Edition

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

Decision rationale: Medical necessity for the request Dexilant 60mg #30 with 6 refills is not established. The patient is a 75 year-old individual with chronic low back and leg pains currently managed with medications Ibuprofen, Neurontin, Amitriptyline and Norco. She is also taking low dose Aspirin. Although the patient is at risk, the guidelines state the following: Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including Esomeprazole (Nexium), Lansoprazole (Prevacid), Omeprazole (Prilosec), Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex). (Shi, 2008) A trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. There is no documentation of first line agents, or why there is a need for this specific proton pump inhibitor. Therefore, this request is not medically necessary.