

Case Number:	CM14-0153775		
Date Assigned:	09/24/2014	Date of Injury:	05/25/2005
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 45-year-old female who reported an injury on 05/25/2005. The injured worker had responsibilities that required a lot of computer work and data entry. The injured worker noticed development of musculoskeletal difficulties. She sustained injuries in her fingers, hands, arms and neck. The injured worker's treatment history included MRI studies, medications, physical therapy, and psychological evaluation and treatment. The injured worker was evaluated on 08/21/2014 and it was documented the injured worker complained of persistent back pain. She stated she has shooting pains down the left side and now on the right side. The injured worker stated she had a hearing date on 09/22/2014 to discuss denied treatments. Physical examination revealed the injured worker does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation. Musculoskeletal revealed normal muscle tone without atrophy in the right and left upper and lower extremities. Medications included gabapentin 600 mg, pantoprazole 20 mg, hydrocodone/APAP 5/325 mg, meloxicam 15 mg, Sustiva 600 mg, sertraline HCl 100 mg, and acyclovir 400 mg. The injured worker denied constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood. Diagnoses included lumbar disc displacement without myopathy, neck pain, lumbago, and pain in limb. The Request for Authorization dated 08/28/2014 was for hydrocodone/APAP 5/325 mg, docusate sodium 100 mg, meloxicam 15 mg, gabapentin 600 mg, and pantoprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco (Hydrocodone/Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted indicated opioid compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Hydrocodone/APAP 5/325mg #30 is not medically necessary.

Docusate sodium 100mg #30: 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), Opioid-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of Opioids Page(s): 76.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. Additionally, the request failed to include frequency and duration of medication. On 08/21/2014, the injured worker denied constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood. As such, the request for docusate sodium 100mg #30 is not medically necessary.

Meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Mobic (Meloxicam).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus a placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back

pain and that acetaminophen have fewer side effects. There was lack of documentation stating the efficiency of the Meloxicam for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Meloxicam is taken by the injured worker. The provider failed to indicate long term functional goals for the injured worker and outcome measurements of home exercise regimen and pain medication management. In addition, the request for meloxicam 15 mg did not include frequency or duration of medication. Given the above, the request for Meloxicam 15mg #30 is not medically necessary.

Gabapentin 600mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 49.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an antiepilepsy drug (AEDs, also referred to as anticonvulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In addition, the request did not include frequency or duration of the medication. The provider noted gabapentin is medically necessary to treat the injured worker's bilateral neuropathic pain to the bilateral lower extremity that she suffers from failed back syndrome that is chronic despite the injured worker's spinal cord stimulator. Within the documentation submitted there was a diagnosis of diabetes mellitus; however, the request lacked frequency and duration of medication. As such, the request for Gabapentin 600mg #60 with 5 refills is not medically necessary.

Pantoprazole 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors, Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Protonix/Pantoprazole Sodium is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. On 08/21/2014 the injured worker denied constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood. As such, the request for Pantoprazole 20mg #60 with 5 refills is not medically necessary.