

Case Number:	CM14-0180079		
Date Assigned:	11/04/2014	Date of Injury:	03/12/2012
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Management 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:

According to the records made available for review, this is a 69-year-old male with a 3/12/12 date of injury. At the time (9/8/14) of request for authorization for Protonix 20 mg #30, Norco 2.5/325 mg #60, and Fexmid 7.5 mg #30, there is documentation of subjective (upper and lower back pain, and right shoulder and wrist pain) and objective (tenderness to palpitation over the upper, mid and lower paravertebral muscles, decreased range of motion of the lumbar spine, tenderness to palpitation over the right shoulder, decreased range of motion of the right shoulder, positive impingement sign, and tenderness to palpitation over the right flexor/extensor compartment and carpal canal) findings, current diagnoses (cervical radiculopathy syndrome, lumbar radiculopathy syndrome, right shoulder full thickness rotator cuff and subscapularis tear, lumbar degenerative disc disease, and cervical, thoracic and lumbar spine strain), and treatment to date (medications (including ongoing treatment with Anaprox, Norco, and Protonix since at least 5/21/14 and Fexmid since 6/30/14)). Regarding Protonix 20 mg #30, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID) and Protonix being used as a second-line therapy. Regarding Norco 2.5/325 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Fexmid 7.5 mg #30, there is no documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy syndrome, lumbar radiculopathy syndrome, right shoulder full thickness rotator cuff and subscapularis tear, lumbar degenerative disc disease, and cervical, thoracic and lumbar spine strain. However, despite documentation of ongoing treatment with Naproxen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation that Protonix being used as a second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20 mg #30 is not medically necessary.

Norco 2.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy syndrome, lumbar radiculopathy syndrome, right shoulder full thickness rotator cuff and subscapularis tear, lumbar degenerative

disc disease, and cervical, thoracic and lumbar spine strain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 2.5/325 mg #60 is not medically necessary.

Fexmid 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy syndrome, lumbar radiculopathy syndrome, right shoulder full thickness rotator cuff and subscapularis tear, lumbar degenerative disc disease, and cervical, thoracic and lumbar spine strain. However, despite documentation of low back pain there is no documentation of acute exacerbation of chronic low back pain. In addition, there is no documentation of Fexmid used as a second line option. Furthermore, given documentation of records reflecting prescriptions for Fexmid since at least 6/30/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5 mg #30 is not medically necessary.