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| Case Number: | CM14-0028857 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 03/15/2013 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 34 year old employee with date of injury of 3/15/2013. Medical records indicate the patient is undergoing treatment for disc disorder lumbar; lumbar facet syndrome and lumbar radiculopathy. Subjective complaints include back pain from low back down to left leg rated 8/10 and on average it is 10/10; he has history of HTN; he has acute mid and low back pain with bilateral leg and groin pain with radiation. He describes his pain with abnormal swelling, burning, weakness and numbness. His pain symptoms are described as cutting, dull, aching, and sharp and pins and needles. His left leg has numbness, tingling and weakness. His pain is increased with prolonged walking, sitting or standing. He has additional increased pain with reaching, kneeling crawling, stooping, coughing, gripping, straining or bending either forward or backwards and lifting or carrying. Although he is independent with his activities of daily living, he does not sleep well; enjoy socializing, performing chores, recreation, driving, yard work or shopping. He tried Gabapentin but it caused fluid retention. He is currently on Lyrica but believes he is not "urinating as much" and complains of constipation. Objective findings include slowed and antalgic gait; range of motion (ROM) is restricted with flexion limited to 30 degrees limited by pain and extension to 0 degrees, limited by pain. His paravertebral muscles, tenderness and tight muscle band is noted on both sides with palpation. He cannot heel/toe walk and his lumbar facet loading is positive on both sides. His sensation to pin prick is decreased at L5 and S1 lower extremity dermatomes on the left. His straight leg raise test is positive on the left. Treatment has consisted of chiropractic treatments, home exercise and acupuncture (none with any relief); PT; TENS unit; trial of Fentanyl patch 25 mcg/hr.; Gabapentin, Ambien, Naproxen Sodium, Norco, medical marijuana and Lyrica. He also received a referral to a pain management psychologist for cognitive-behavioral therapy and pain-coping skills training. The utilization review determination was rendered on 2/5/2014 recommending non-certification of

Pantoprazole Sodium DR 20 mg #60 (date of service 01/28/2014) and Quazepam 15 mg #30 (date of service 01/28/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium DR 20 mg #60 (date of service 01/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

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

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. 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. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) ".The medical documents provided do not establish the patient as having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, NSAID dyspepsia or other GI risk factors as outlined in MTUS. In addition, the treating physician has provided no documentation of a failed trial of omeprazole or lansoprazole prior to starting pantapropazole therapy. As such, the request for Pantoprazole Sodium DR 20 mg #60 (date of service 01/28/2014) is not medically necessary.

Quazepam 15 mg #30 (date of service 01/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: MTUS states that benzodiazepine (i.e. Doral) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG states "Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation was provided as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Quazepam 15mg #30 (dos 1/28/2014) is not medically necessary.