

Case Number:	CM14-0029000		
Date Assigned:	06/16/2014	Date of Injury:	10/22/2001
Decision Date:	08/18/2014	UR Denial Date:	02/04/2014
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 Physical Medicine and Rehabilitation, 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 injured worker is a 43-year-old male who reported an injury on 10/21/2001 due to an unknown mechanism. The injured worker had a physical examination dated 01/27/2014 which revealed complaints of back pain. The injured worker had undergone a 2 level cervical fusion with persistent pain, and radicular pain into the upper extremities. The injured worker had undergone a trial of cervical spinal cord stimulator on 10/20/2011. The injured worker had pain relief rated 50% to 60%, but the injured worker was not ready to have a permanent pain pump implantation. The injured worker had a trial of the intrathecal narcotics, which he felt the spinal cord stimulator worked much better. The injured worker did undergo an intrathecal fusion pump trial with Dilaudid on 05/20/2013 which provided relief for the lower back pain, but the injured worker had side effects of nausea, vomiting, and urinary retention which required intermittent straight catheterization to fully empty the bladder. The injured worker developed seizures which were attributed to the injured worker not receiving his Dilantin during the inpatient stay. Due to the outcome, the implantation of the intrathecal fusion pump was discontinued. Medications for the injured worker were Norco 10/325 mg up to 6 tablets a day, along with Fexmid 7.5 mg, Colace 100 mg, Dilantin, Mirapex, Effexor, Haldol, Prilosec 20 mg, Neurontin, and a topical analgesic cream. The injured worker had an MRI of the right shoulder which showed a full thickness rotator cuff tear with a moderate AC joint arthrosis. The injured worker suffered from a traumatic brain injury which had left him with severe and debilitating chronic pain and in a wheelchair. At the time of the examination, the injured worker received a subacromial injection into the right shoulder for diagnostic and therapeutic reasons. There was a nerve conduction study performed on 11/20/2006 which revealed chronic severe radiculopathy, mild sensory ulnar component, and borderline response. Diagnoses for the injured worker were traumatic brain injury, post-traumatic dystonia, cervical discectomy and fusion, right upper radiculopathy,

lumbar myoligamentous injury, bilateral lower extremity radiculopathy, post-traumatic depression, right shoulder impingement, urologic and fecal dysfunction, gastritis, cervical spinal cord stimulator trial, and intrathecal trial. Treatment plan for the injured worker was to continue with medications and to request Botox 100 units to be administered and acupuncture treatment. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, On-going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule states for the treatment of chronic pain and ongoing management of chronic pain, a review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented on a continued basis. Pain assessments should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical guidelines have set forth for ongoing monitoring of opioids a 4-domain assessment that has been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 As (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. It was noted that a urine toxicology screening was not available. The injured worker had no reported pain VAS pain scale noted. Although the injured worker has reported pain relief and functional improvement from taking the medication, the provider did not indicate a frequency for the medication. The request submitted for review does not state the quantity for the medication. As such, the request for Norco 10/325mg is not medically necessary and appropriate.

PRILOSEC 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT WORKERS COMPENSATION -Proton pump inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68, 69.

Decision rationale: The injured worker did have documented complaints of gastrointestinal upset. The California Medical Treatment Utilization Schedule recommends determining if the injured worker is at risk for gastrointestinal events by evaluating if the injured worker is over 65 years of age; has a history of peptic ulcer; gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or on an anticoagulant; or if the injured worker is on a high dose/multiple NSAIDs, possibly a proton pump inhibitor should be added; also, evaluate if the injured worker has no risk factor and no cardiovascular disease, a nonselective NSAID is okay (such as ibuprofen, naproxen, etc.). If the injured worker is at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor should be taken or a COX-2 selective medication. Long-term proton pump inhibitor use (more than 1 year) has been shown to increase the risk of hip fractures. If the injured worker is at high risk for gastrointestinal events, and they have cardiovascular disease, the medical guideline recommendation is to suggest a medication with a low-dose aspirin (for cardio protection) and a proton pump inhibitor. The injured worker is on Anaprox DS 550 mg 1 tablet twice a day, which is an NSAID. Although the injured worker has reported gastrointestinal relief from the medication, the provider did not indicate a frequency for the medication or a quantity. Therefore, the request is not medically necessary and appropriate.

DILANTIN 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Anti-epilepsy Drugs.

Decision rationale: The California Medical Treatment Utilization Schedule does mention the use of dilantin for the treatment of neuropathic pain, but it does not mention for the use of seizures. Dilantin is an antiepilepsy drug and also referred to as an anticonvulsant. The Official Disability Guidelines state anticonvulsants are recommended for adult patients with severe traumatic brain injury and prophylaxis treatment with phenytoin is effective in decreasing the risk of early post-traumatic seizures. The injured worker has a history of seizures. It was documented that he had several seizures in the past. Although the injured worker is symptomatic from the use of the medication, the provider did not indicate a frequency or a quantity for the medication. Therefore, the request is not medically necessary and appropriate.