

Case Number:	CM14-0190158		
Date Assigned:	11/21/2014	Date of Injury:	10/05/1994
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 Interventional Spine 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 48 year old male with an injury date on 10/05/1994. Based on the 10/13/2014 progress report provided by the treating physician, the diagnoses are: 1. Gastroesophageal reflux disease 2. Postlaminectomy syndrome lumbar region 3. Degen lumbar/lumbosacral intervertebral disc 4. Displacement intervert disc site UNS W/O myelopathy 5. Lumbosacral spondylosis without myelopathy 6. Lumbago 7. Anxiety depression According to this report, the patient complains of "chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling due to FBSS. Pain is 10/10 without medications and 5/10 with medication. Physical exam reveals tenderness over the lumbar paraspinal muscles, left sciatic notch, and bilateral L4-L5 and L5-S1 facet joints. Range of motion of the lumbar spine is limited. Left straight leg raise, bilateral Patrick, and left FABERE test are positive. Motor strength of the left lower extremity is a 4/5. Decreased to sensation to light touch is noted over the left lower extremity predominantly at S1. There were no other significant findings noted on this report. The utilization review denied the request for (1) 3 Norco 7.5/325 mg #60, (2) Compound cream PC 5001, #300, and (3) Omeprazole 20 mg #30 with 3 refills on 10/27/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/06/2014 to 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Norco 7.5/325 mg, one by mouth every 8 hours as needed #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: According to the 10/13/2014 report, this patient presents with "chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling due to FBSS. Per this report, the current request is for 3 Norco 7.5/325 mg, one by mouth every 8 hours as needed #60. This medication was first mentioned in the 03/06/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows patient's pain is 10/10 without medications and 5/10 with medication. "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these, as long as the patient continues to use Omeprazole and stool softeners laxatives. The treating physician states the medications prescribed "help the patient to better perform valued ADLs, improve affect and overall quality of life without any Intolerable side effects. There are no signs of aberrant behaviors or abuse, UDT and CURES reports are appropriate. The patient seems to be using the medications appropriately and responsibly and the risk/benefit analysis is in favor of continuing with the current regimen." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

Compound cream PC, 5001, apply 1-2 pumps to affected area 3-4 times daily, #300: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 10/13/2014 report, this patient presents with "chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling due to FBSS. Per this report, the current request is to start Compound cream PC 5001, apply 1-2 pumps to affected area 3-4 times daily, #300. The Utilization Review denial letter states "Current evidence based medicine does not support any benefit from the use of compounded creams in individual's with chronic low back pain." Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, the treating physician does not document the compound cream formulation. Without

knowing what is contained in the cream, one cannot make an appropriate recommendation. Therefore, the request is not medically necessary.

Omeprazole 20 mg TBEC, one by mouth every day as needed #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 10/13/2014 report, this patient presents with "chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling due to FBSS. Per this report, the current request is for Omeprazole 20 mg TBEC, one by mouth every day as needed #30 with 3 refills. This medication was first mentioned in the 03/06/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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). MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Review of report shows that the patient "has a long history of medication/opioid-induced reflux/gastritis, and has been diagnosed with GERD. He has tried/failed multiple NSAIDS, including Ibuprofen, Naproxen, and Diclofenac due to GERD symptoms. "In this case, the patient is not over 65 years old and no other risk factors are present. The treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary.