MAXIMUS Federal Services

Case Number:	CM14-0213669		
Date Assigned:	12/31/2014	Date of Injury:	05/23/2012
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 29 year old female with an injury date of 05/23/12.Based on the progress report dated 11/18/14, the patient complains of excruciating low back pain with difficulty in flexion and extension. The pain is rated at 9/10 without medications and 6-7/10 with medications. It is accompanied by numbness, weakness and tingling down to the feet all the way up to the big toe. The patient is also experiencing pain and numbness in bilateral hands along with stiffness in finger joints. She has an antalgic gait and relies on a single-point cane. There is stiffness and tightness in the lower lumbosacral musculature and around the surgical scar in the L4-5 area. There decreased range of motion and decreased sensation left below the knee area. The strength of the extensor halluces longus is reduced on the left. In progress report dated 10/17/14, the patient complains of worsening low back pain. In progress report dated 05/23/14, the patient complains of right and left sciatica leg pain and is diagnosed with left S1 radiculopathy and left sciatica secondary to left L5-S1 disc hernaition. Medications, as per progress report dated 11/18/14, include Celexa, Lidoderm patch, Valium, Percocet and Prilosec. The patient is temporarily disabled, as per progress report dated 11/18/14. MRI of the Lumbar Spine, 04/18/14:- Prior left laminectomy at L5-S1- Recurrent left paracentral disc hernaition which touches the thecal sacDiagnoses, 11/14/14:- Lumbar strain- Lumbar radiculitis- Lumbar disc bulge- Severe left foraminal narrowing with L5 nerve root- L5-S1 broad left paracentral disc protrusion- S/P lumbar spine surgery- S/P left laminectomyThe utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 01/29/14 - 12/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 by mouth every 4-6hrs, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient complains of excruciating low back pain with difficulty in flexion and extension accompanied by numbness, weakness and tingling down to the feet all the way up to the big toe, as per progress report dated 11/18/14. The request is for Percocet 10/325mg 1 1 by mouth every 4-6 hours, # 180. The patient is status/post lumbar spine surgery and status post left laminectomy (dates of the procedure not mentioned).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 4As (analgesia, ADLs (activities of daily living), adverse side effects, and adverse 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.In this case, a prescription for Percocet was first noted in progress report dated 03/28/14. The patient has received the medication consistently since then. In progress report dated 03/28/14, the treater states that Percocet is being refilled and a urine drug screen is being performed during the visit but the results of this or any other UDS (urine drug screen) are not available for review. The patient has also received other opioids as a prescription for Oxycodone is noted in ER report dated 07/16/14 and prescriptions for Hydrocodone and Tramadol are noted in progress report dated 01/29/14. In progress report dated 11/08/14, the treater states that the patient's pain is rated at 9/10 without medications and 6-7/10 with them. The treater also states that "she is more functional, but without the medication she would not be able to do any activity whatsoever - it helps her to be able to do minimal things around the house." This information is not specific to Percocet. Additionally, the treater does not document a measurable increase in function. There are no CURES and UDS reports for review. The treater does not discuss the side effects of opioid use either. The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request is not medically necessary.

Prilosec 20mg, 1 by mouth 2x a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

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

Decision rationale: The patient complains of excruciating low back pain with difficulty in flexion and extension accompanied by numbness, weakness and tingling down to the feet all the way up to the big toe, as per progress report dated 11/18/14. The request is for Prilosec 20mg/ PO BID # 60. The patient is status post lumbar spine surgery and status post left laminectomy (dates of the procedure not mentioned).MTUS pg. 69 states, "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI (proton pump inhibitor)." In this case, a prescription for Prilosec (omeprazole) is first noted in progress report dated 03/28/14. Although the report does not discuss the use of NSAIDs, it states that Prilosec is being prescribed to "decrease the risk of gastrointestinal upset and irritation." However, in progress report dated 11/14/14, the treater states that "even with assistance of Prilosec she continues to feel acid reflux as well as extreme nausea and vomiting whenever she takes her pain medication." It is not clear why the treater is requesting Prilosec if it is ineffective in managing the patient's GI symptoms. The report lacks documentation required to make a determination based on MTUS, and is not medically necessary.

Ambien 5mg, 1 a bedtime, #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, Mental Illness & Stress, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (Chronic), Zolpidem.

Decision rationale: The patient complains of excruciating low back pain with difficulty in flexion and extension accompanied by numbness, weakness and tingling down to the feet all the way up to the big toe, as per progress report dated 11/18/14. The request is for Ambien 5mg 1 at bedtime, # 30. The patient is status post lumbar spine surgery and status post left laminectomy (dates of the procedure not mentioned).ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, the prescription for Ambien is only noted in the Request for Authorization form dated 11/14/14 and in progress report dated 12/30/14 (after the UR dated). The patient suffers from severe pain and may have sleep issues secondary to that. However, none of the available progress reports discuss insomnia. Additionally, the current request for 30 pills exceeds the 7-10 days use

recommended by the ODG guidelines, due to negative side effect profile. This request is not medically necessary.

Celexa 20mg 1 everyday, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Antidepressants for Treatment of MDD (major depressive disorder)

Decision rationale: The patient complains of excruciating low back pain with difficulty in flexion and extension accompanied by numbness, weakness and tingling down to the feet all the way up to the big toe, as per progress report dated 11/18/14. The request is for Celexa 20mg 1 everyday # 30. The patient is status post lumbar spine surgery and status post left laminectomy (dates of the procedure not mentioned).MTUS Guidelines are silent on Celexa specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, the prescription for Celexa is first noted in progress report dated 03/28/14. The report states that the patient "feels like crying, she is depressed..." The report also states that the medication is being prescribed for depression. The patient has received Celexa consistently since then. However, the treater does not discuss the efficacy of the medication. For on-going use of the medication, efficacy must be provided, as per MTUS page 60. The request is not medically necessary.