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| Case Number: | CM14-0216973 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 11/19/2003 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old female was a bookkeeper/property manager when she sustained a cumulative trauma injury on November 19, 2003. The injured worker reported her work station was not ergonomically suited for her job. Diagnoses were broad-based central disc protrusion at C4-5, broad-based central and right paracentral disc protrusion, and cervical radiculopathy bilaterally at C7, greater on the left than the right; bilateral carpal tunnel syndrome, and multiple fractured dentition and oropharyngeal pathology. Per the doctor's note dated December 1, 2014, she had complaints of worsening, constant neck pain that radiates to the bilateral upper extremities, along the posterior aspect of the arm and along the C7-T1 nerve root distribution, ongoing pain in the hands, constant headache, dizziness, loss of memory, and difficulty concentrating. The physical examination revealed pain and tenderness to palpation of the cervical spine, pain and decreased range of motion of the right hand, decreased sensation to light touch of the bilateral upper extremities, pain radiates down the right arm, bilateral shoulder and arm weakness, stiffness and decreased motion of the neck and bilateral shoulders, constant tingling and numbness in the right hand, depressed affect and mood, and dental pain and jaw pain/sensitive to light touch (temporomandibular). The medications list includes norco, flexeril and zantac. The injured worker was not working currently. She has had an MRI of the cervical spine dated February 23, 2012 which revealed disc degeneration with endplate degenerative changes and disc height loss at C5-6, 4-5mm right posterolateral disc ridge with extension superiorly and inferiorly spanning the C5-6 disc space and contributing to severe encroachment of the right anterior lateral recess and right nerve root canal with minimal flattening of the right anterior cord and moderate to

severe secondary stenosis, no evidence of cord compression and intrinsic cord abnormalities, a thin-preserved cerebral spinal fluid (CSF) space posterior to the cord and moderate left foraminal narrowing noted on diffuse disc bulging, and milder spondylotic changes as described above. She has undergone left carpal tunnel release 2010, right carpal tunnel release 2012, left trigger thumb surgery 2011, steroid injection for right trigger thumb with relief. She has had cervical collar, bilateral wrist braces, ankle brace, physical therapy, psychological care and dental care for this injury. On December 23, 2014, Utilization Review modified a prescription for Norco 10/325mg #180 and non-certified a prescription for Zantac 150mg #30 requested on Dec 15, 2014. The Norco was modified based on the injured worker had used Norco for several years and the lack of demonstrated significant objective or functional improvement to support the continued use of Norco. Therefore, continued weaning is recommended as was recommended by a previous review. The Zantac was non-certified based on the guidelines recommendation for the use of Zantac, an H2-receptor antagonist for patients at risk of dyspepsia secondary to medication use. There was a lack of subjective or objective findings in recent or previous documentation to support the use of Zantac. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab, Margesic-H, Maxidone, Norco, Stagesic, Vicodin, Xodol, Zydone; generics available), On-Going Management, When to discontinue Opioids, When to Continue Opioids, Weaning of Medications, and NSAIDs, GI Symptoms, & cardiovascular risk were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen (Norco), and Weaning of Medicat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15)

Decision rationale: Request: Q-1:-1 Prescription of Norco 10/325mg #180 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The

continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 Prescription of Norco 10/325mg #180 is not established for this patient.

1 Prescription of Zantac 150mg #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 (ODG), NSAIDs, GI Symptoms & Cardiovascular Risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms & cardiovascular risk Pag. Decision based on Non-MTUS Citation Thomson Micromedex Ranitidine(zantac) Hydrochloride-?FDA-Labeled Indications

Decision rationale: Request: Q-2:-1 Prescription of Zantac 150mg #30Ranitidine is a H2 receptor antagonists. Per the CA MTUS NSAIDs guidelines cited below, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. According to the Thomson Micromedex, FDA labeled indications for zantac are Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome. Any of the above listed indications in this patient is not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of 1 Prescription of Zantac 150mg #30 is not established for this patient.