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| Case Number: | CM14-0075478 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 01/29/2007 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 is a 53 year old male patient who sustained an industrial injury on January 29, 2007. Diagnoses include post laminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, chronic pain syndrome and lumbar facet joint pain. Per the doctor's note dated 5/12/15, he had complaints of bilateral low back pain with radiation of pain and numbness to the bilateral lower extremity. The physical examination revealed tenderness, spasm, decreased range of motion and positive bilateral straight leg raising tests. The medications list includes lidoderm, norco, protonix and gabapentin. He has had lumbar MRI on 12/8/14, which revealed disc bulge at L3-4 with central spinal canal, lateral recess and neuroforaminal stenosis, facet joint arthropathy at L5-S1. Previous treatment includes lumbar laminectomy, heat/ice therapy, home exercise program and medications. The treatment plan includes imaging of the lumbar spine, medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Protonix 40 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System,

Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

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

Decision rationale: Pantoprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events... Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(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)." There is no evidence in the current records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any current objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. 1 prescription for Protonix 40 mg #60 is not medically necessary for this patient.

Prospective request for 1 prescription for Norco 10/325 mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80.

Decision rationale: 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 non-opioid 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 regard to pain control and objective 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. Response to lower potency opioid for chronic pain is 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. Prospective request for 1 prescription for Norco 10/325 mg #210 is not medically necessary for this patient.

Prospective request for 6 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22.

Decision rationale: Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Prospective request for 6 aquatic therapy sessions is not medically necessary for this patient.

Prospective request for 1 flexion and extension lumbar x-rays: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM guidelines cited below, regarding lumbar X-ray "it may be appropriate when the physician believes it would aid in patient management." Per the records provided, he had chronic low back pain with history of lumbar surgeries. The physical examination revealed significant objective findings: tenderness, spasm, decreased range of motion and positive bilateral straight leg raising tests. It is medically necessary and appropriate to perform a lumbar spine X-ray to evaluate and manage patient's low back symptoms. The request of Prospective request for 1 flexion and extension lumbar x-rays is medically necessary and appropriate for this patient at this juncture.