

Case Number:	CM15-0011394		
Date Assigned:	01/29/2015	Date of Injury:	08/07/2010
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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 & Rehabilitation

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 45 year old male, who sustained an industrial injury on 12/30/13. He has reported back pain. The diagnoses have included status post lumbar discectomy, status post lumbar spine surgery, status post insertion and removal of spinal stimulator and chronic low back pain. Treatment to date has included lumbar spine surgery, oral medications, lumbar brace and walker for ambulation. Currently, the injured worker complains of neck, arm, back and leg pain. Progress note dated 11/10/14 revealed tibialis anterior weakness, decreased sensation of bilateral lower extremities and diminished deep tendon reflexes bilaterally. It is documented there is no change since the previous visit. On 1/9/15 Utilization Review submitted a modified prescription for Norco 10 mg #90, noting weaning was recommended previously due to lack of significant improvement and non-certified Prilosec 20mg #30 and Benadryl 25 mg, noting they are not medically necessary. The MTUS, ACOEM Guidelines, was cited. On 1/15/15, the injured worker submitted an application for IMR for review of Norco 10 mg #90, Prilosec 20mg #30 and Benadryl 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck, arm, low back, and leg pain. The patient is status post lumbar surgery from 01/16/2014. The treater is requesting 1 PRESCRIPTION OF NORCO 10 MG #90. The RFA was not made available for review. The patient's date of injury is from 08/07/2010, and his current work status was referred to his primary treating physician. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. MTUS page 90 has a recommended maximum dose of 60mg/24 hours for Hydrocodone. The records show that the patient was prescribed Norco on 07/10/2014. The 11/13/2014 report shows that the patient takes gabapentin and hydrocodone 10 mg 3 times a day chronically for pain. The patient experienced unprovoked worsening of his low back pain. It is sharp on the right side with no radiation. None of the reports document before and after pain scales to show analgesia. No specific ADLs were discussed. No side effects and no aberrant drug-seeking behaviors such a urine drug screen and CURES reports was noted. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

One (1) prescription of Prilosec 20mg #30: 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 GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with neck, arm, low back, and leg pain. The patient is status post lumbar surgery from 01/16/2014. The treater is requesting 1 PRESCRIPTION OF PRILOSEC 20 MG #30. The RFA was not made available for review. The patient's date of injury is from 08/07/2010, and his current work status was referred to his primary treating physician. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, 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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The

report making the request was not made available. The records do not show any history of Prilosec use. None of the reports document gastrointestinal events or issues. In this case, the MTUS Guidelines do not support the routine use of PPIs without documentation of gastrointestinal events. The request IS NOT medically necessary.

One (1) prescription of Benadryl 25mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental stress chapter on insomnia treatment

Decision rationale: This patient presents with neck, arm, low back, and leg pain. The patient is status post lumbar surgery from 01/16/2014. The treater is requesting 1 PRESCRIPTION OF BENADRYL 25 MG. The RFA was not made available for review. The patient's date of injury is from 08/07/2010, and his current work status was referred to his primary treating physician. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the mental stress chapter on insomnia treatment states, Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or mental illness. Under the sedating antihistamine, primary over-the-counter medication, it states that sedating antihistamines have been suggested for sleep aids including Benadryl. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. The records do not show any history of Benadryl use. The report making the request was not made available. The UR letter dated 01/09/2015 shows that the treater is requesting Benadryl for secondary itching. The ODG guidelines do not address the use of Benadryl for itching. The patient does not have a history of insomnia. In this case, the patient does not meet the ODG Guidelines for the use of Benadryl. The request IS NOT medically necessary.