

Case Number:	CM15-0016119		
Date Assigned:	02/04/2015	Date of Injury:	02/16/1998
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 46 year old man sustained an industrial injury on 2/16/1998. The mechanism of injury is not detailed. Current diagnoses includes left L5 and S1 radiculopathy, rule out lumbar intradiscal component, and rule out radiculopathy. Treatment has included oral medications. Physician notes dated 12/5/2014 show low back pain with increasing symptoms and the left worse than the right, cervical spine pain with left greater than right upper extremity symptoms, and reactive anxiety. Recommendations include MRI of the lumbar spine, additional physical therapy to the cervical and lumbar spine, and pain management consultation, continue use of lumbosacral orthotic brace, continue TENS therapy, refill of medications including those in dispute. It is stated that a urine drug screen was performed on the day of service, however, results are not included for review. On 1/19/2015, Utilization Review evaluated a prescription for hydrocodone 7.5 mg three times per day #90, Soma 350 mg three times per day #90, Naproxen 550 mg twice per day #60, Pantoprazole 20 mg twice per day #60, for symptoms related to the lumbar and cervical spine, dated 1/22/2015. The UR physician noted the following: regarding the hydrocodone, there is no documentation of functional improvement with this medication, no improved pain levels, no results of urine drug screens, and no opioid agreement. Regarding Soma, there is no documentation in regard to the rationale for this medication, no documentation of muscle spasm, and no documentation of functional improvement with use of this medication. Regarding Naproxen, there is no documentation of an anti-inflammatory component, functional improvement with use of this medication, and no recommendation for the over the counter preparation. Regarding the Pantoprazole, there is an over the counter preparation available and

there are no documentation of side effects of anti-inflammatory medication. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Hydrocodone 7.5mg 3 times a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 91-97. Decision based on Non-MTUS Citation Opioids

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Hydrocodone is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Soma 350mg 3 times a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Muscle Relaxants Page(s): 29, 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant prescribed in this case. This medication is sedating. This injured worker has chronic pain however, there is no documentation of muscle spasm on physical exam. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Soma is not recommended for chronic pain, noting its habituating and abuse potential. The requested medication is not medically necessary.

Naproxen 550mg twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS NSAIDs Page(s): 67-71.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Pantoprazole 20mg twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Proton Pump Inhibitors Page(s): 68.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Pantoprazole (Protonix), are recommended for patients taking NSAIDs with documented GI distress

symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Since the request for Naproxen was found to be not medically necessary, which would mean that the Pantoprazole would not appear to be medically necessary for this patient. Based on the available information provided for review, the medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.