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| Case Number: | CM15-0110173 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 02/15/2012 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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 23 year old male, who sustained an industrial injury on 2/15/12. The diagnoses have included chronic pain status post lumbar surgery and radiculopathy of the right lower extremity (RLE), anxiety, depression and sleep difficulties. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/4/15, the injured worker complains of low back pain rate 8-9/10 on pain scale and right lumbosacral pain rated 8/10 with right leg pain rated 6/10 and left leg pain rated 7/10. He reports that leaning to the right elicits numbness of the right upper and lower extremity. He reports that he walks 15 minutes a day and reports that the right leg gives out. The pain has been unchanged from previous visits. It is noted that while on [REDACTED] he has lost 70 pounds. The current weight is 220 pounds. The objective finding reveal increased complaints of low back pain towards terminal range of motion, is able to walk on toes and heels but complains of low back pain, and there is decreased lumbar range of motion. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/13/15. The current medications included Naproxen, Prilosec and Omeprazole. There is no previous therapy sessions noted in the records. The physician requested treatments included Vicodin 5/300mg #60 with 4 refills, Naproxen 500mg #60 with 4 refills, Omeprazole 20mg #60 with 4 refills, and [REDACTED] weight loss program X 6 months with 20 boosters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with lower back pain rated 8-9/10 radiating to lower extremities. Patient complains of right leg pain rated 6/10 and left leg rated 7/10. The request is for Vicodin 5/300mg #60 with 4 refills. The request for authorization is not provided. The patient is status post lumbar spine surgery, 10/07/13. MRI of the lumbar spine, 02/13/15, shows L3-L4: there is mild-to-moderate disc height loss with a 3 mm broad-based disc protrusion with congenitally short pedicles renders moderate spinal canal stenosis; L4-L5: there is mild/moderate disc height loss with a 3-4 moderate broad-based disc protrusion; L5-S1: there is moderate disc height loss with a 2 to 3 mm broad-based disc protrusion. Physical examination of the thoracic spine reveals increasing low back pain towards terminal range of motion. Exam of lumbar spine reveals incision midline lumbar, neurovascular intact bilateral lower extremities. Patient's medications include Vicodin, Naproxen and Omeprazole. Per progress report dated 05/04/15, the patient is temporarily totally disabled. 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, 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Treater does not specifically discuss this medication. Patient has been prescribed Vicodin since at least 02/04/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Vicodin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Vicodin. No validated instrument is used to show functional improvement. There is no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Naproxen 500mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with lower back pain rated 8-9/10 radiating to lower extremities. Patient complains of right leg pain rated 6/10 and left leg rated 7/10. The request is for Naproxen 500mg #60 with 4 refills. The request for authorization is not provided. The patient is status post lumbar spine surgery, 10/07/13. MRI of the lumbar spine, 02/13/15, shows L3-L4: there is mild-to-moderate disc height loss with a 3 mm broad-based disc protrusion with congenitally short pedicles renders moderate spinal canal stenosis; L4-L5: there is mild/moderate disc height loss with a 3-4 moderate broad-based disc protrusion; L5-S1: there is moderate disc height loss with a 2 to 3 mm broad-based disc protrusion. Physical examination of the thoracic spine reveals increasing low back pain towards terminal range of motion. Exam of lumbar spine reveals incision midline lumbar, neurovascular intact bilateral lower extremities. Patient's medications include Vicodin, Naproxen and Omeprazole. Per progress report dated 05/04/15, the patient is temporarily totally disabled. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not specifically discuss this medication. Patient has been prescribed Naproxen since at least 02/04/14. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: The patient presents with lower back pain rated 8-9/10 radiating to lower extremities. Patient complains of right leg pain rated 6/10 and left leg rated 7/10. The request is for Omeprazole 20mg #60 with 4 refills. The request for authorization is not provided. The patient is status post lumbar spine surgery, 10/07/13. MRI of the lumbar spine, 02/13/15, shows L3-L4: there is mild-to-moderate disc height loss with a 3 mm broad-based disc protrusion with congenitally short pedicles renders moderate spinal canal stenosis; L4-L5: there is mild/moderate disc height loss with a 3-4 moderate broad-based disc protrusion; L5-S1: there is moderate disc height loss with a 2 to 3 mm broad-based disc protrusion. Physical examination of the thoracic spine reveals increasing low back pain towards terminal range of motion. Exam of lumbar spine reveals incision midline lumbar, neurovascular intact bilateral lower extremities. Patient's medications include Vicodin, Naproxen and Omeprazole. Per progress report dated 05/04/15, the patient is temporarily totally disabled. 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." Treater does not specifically discuss this medication. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Finally, patient is prescribed Naproxen, but has not been authorized. Therefore, the request IS NOT medically necessary.

■■■■■ weight loss program X 6 months with 20 boosters: 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), Diabetes, Lifestyle (diet and exercise).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient presents with lower back pain rated 8-9/10 radiating to lower extremities. Patient complains of right leg pain rated 6/10 and left leg rated 7/10. The request is for ■■■■■ weight loss program x 6 months with 20 boosters. The request for authorization is not provided. The patient is status post lumbar spine surgery, 10/07/13. MRI of the lumbar spine, 02/13/15, shows L3-L4: there is mild-to-moderate disc height loss with a 3 mm broad-based disc protrusion with congenitally short pedicles renders moderate spinal canal stenosis; L4-L5: there is mild/moderate disc height loss with a 3-4 moderate broad-based disc protrusion; L5-S1: there is moderate disc height loss with a 2 to 3 mm broad-based disc protrusion. Physical examination of the thoracic spine reveals increasing low back pain towards terminal range of motion. Exam of lumbar spine reveals incision midline lumbar, neurovascular intact bilateral lower extremities. Patient's medications include Vicodin, Naproxen and Omeprazole. Per progress report dated 05/04/15, the patient is temporarily totally disabled. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. MTUS, ODG, nor ACOEM are silent on weight loss programs. Therefore, the AETNA website was referenced: www.aetna.com/cpb/medical/data/1_99/0039.html. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. www.lindora.com/lhc-riteaid.aspx states that the ■■■■■ is a medically supervised weight loss program. Per progress report dated 05/04/15, treater's reason for the request is "The applicant must lose at least 60-80 pounds. Patient was 280 lbs and today is 220 lbs." However, review of provided progress reports do not reveal any steps taken by the patient to achieve weight loss goals. There is no documentation of trialed and failed caloric restrictions with increased physical activities, either. Therefore, the request IS NOT medically necessary.