

Case Number:	CM15-0110745		
Date Assigned:	06/17/2015	Date of Injury:	12/15/2009
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old female sustained an industrial injury on 12/15/09. She subsequently reported left neck, low back and left shoulder pain. Diagnoses include cervicalgia, lumbago, idiopathic scoliosis and depressive disorder. Treatments to date include x-ray and MRI testing, injections, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience left leg numbness which extends to her left foot and right upper quadrant pain that comes and goes. Upon examination, lower extremity MMT of 4/ 5 with knee extension, flexion, DF/PF, hip adduction. Patella deep tendon reflexes are plus 1 on the left side and dermatomes are intact. Active back range of motion are limited with standing, extension and flexion. Active range of motion lateral bending L/R and rotation are within normal limits with some pain leaning to her right side in the left side. A request for Vicoprofen and Esomeprazole medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5-200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list Page(s): 76-77; 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, NSAI Page(s): 74-96 and 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicoprofen 7.5-200mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are sacroiliitis NEC; sacroiliitis NOS; cervicalgia; lumbago; scoliosis idiopathic; and depressive disorder NEC. The progress of documentation shows Vicoprofen was first prescribed June 7, 2013. Vicoprofen was discontinued November 13, 2013 and Norco 5/325mg started. Norco was discontinued January 6, 2014 and hydrocodone 5/300 mg started. Hydrocodone 5/325mg was discontinued June 10, 2015 and Vicoprofen 7.5/200 mg was restarted. The injured worker, according to the June 10, 2015 progress note, had 10/10 pain. There was no clinical rationale for changing Vicoprofen to Norco, Norco to Vicodin and Vicodin back to Vicoprofen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning in the medical record. There is no clinical rationale for changing Vicodin back to Vicoprofen. Consequently, absent clinical documentation with objective functional improvement and a clinical rationale for changing back to Vicoprofen, evidence of objective functional improvement with ongoing opiate use, risk assessments, detailed pain assessments and an attempt at weaning opiate therapy, Vicoprofen 7.5-200mg #90 is not medically necessary.

Escomeprazole 20mg #30 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, Esomeprazole (Nexium) 20 mg #30 with 2 refills is not medically necessary. Nexium is a proton pump inhibitor. Nexium is recommended for patients at risk for gastrointestinal events. Prilosec, Prevacid and Nexium are PPIs. Omeprazole provides statistically significant greater acid control than lansoprazole. Prilosec is more affordable than Nexium. Nexium is not available in generic. The use of proton pump inhibitors should be limited to the recognize indications and use at the lowest dose for the shortest possible amount of time. A trial of omeprazole lansoprazole is recommended before Nexium in therapy. In this case, the injured worker's working diagnoses are sacroiliitis NEC; sacroiliitis NOS; cervicalgia; lumbago; scoliosis idiopathic; and depressive disorder NEC. According to a January 6, 2014 progress note, Nexium 20 mg was started for right upper quadrant abdominal pain. The treating provider indicated the injured worker suffering with GERD. There was no documentation of first-line proton pump inhibitors in the medical record. Nexium is a second line proton pump inhibitor. Consequently, absent clinical documentation with first line proton pump inhibitors, Esomeprazole (Nexium) 20 mg #30 with 2 refills is not medically necessary.