

Case Number:	CM15-0120744		
Date Assigned:	07/01/2015	Date of Injury:	07/11/2003
Decision Date:	09/08/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: Emergency 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:

The injured worker is a 53-year-old male, who sustained an industrial injury on 7/11/2003. He reported trying to remove concrete with a jackhammer and experiencing sharp pain in his low back. The injured worker was diagnosed as having lumbar spine sprain. Treatment to date has included magnetic resonance imaging of the lumbar spine (8/8/2008 and 5/6/2011), medications (Norco, Soma and Vicodin), normal electrodiagnostic studies (11/14/2003), chiropractic care, lumbar epidural steroid injection (5/25/2006), abnormal electrodiagnostic studies (3/21/2007). The request is for Vimovo tablets delayed release 20/375 mg, twice per day Qty. #300; and Norco tablets 5/325 mg four times per day Qty. #120. On 11/25/2008, a review of medical records is provided by the AME for an evaluation completed on 5/20/2008. The AME review of medical records revealed a status of temporarily totally disabled from July 2003 through April 4, 2004 and then again June 2004 through March 2005, with possible permanent and stationary status on or about July 2005. He is noted to have been performing full duties since July 10, 2006. The records indicate he has been utilizing Hydrocodone/APAP since at least May 2008, possibly longer. On 3/12/2009, a supplemental AME report is provided for evaluations dated 11/25/2008 and 5/20/2008. The report indicated the injured worker to have become permanent and stationary on or about July 2006. On 2/13/2015, he complained of low back pain. Physical examination revealed a limited range of motion, tenderness and pain in the back. He remains on regular duty work status. The treatment plan included: a pain management agreement for the ongoing use of Norco, and refilling Norco. On 2/18/2015, he complained of low back pain. A limited range of motion with pain is noted. The treatment plan included refilling the Norco. On 3/7/2015, he complained of low back pain. Physical examination revealed limited range of motion with pain on palpation of the low back and a positive leg lift bilaterally. The treatment plan included: injection of Toradol, refilling Soma and regular duty work status. On 5/15/2015, he complained of low back pain. He is on regular duty work status. Physical findings revealed

were limited range of motion of the back with pain and a positive Bragard's sign. The treatment plan included: refilling Norco, and a trial of Zipsor. On 5/27/2015, he reported low back pain. Physical findings revealed tenderness on palpation over the low back and sacroiliac joint bilaterally, positive leg lift and Bragard's bilaterally. He remains permanent and stationary. The treatment plan included: refilling Norco and Vimovo. The records are unclear regarding when Vimovo was originally prescribed. The records do not indicate an assessment of pain, or functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo tablets delayed release twice a day qty 300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, compound medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Vimovo is a combination of Esomeprazole and Naproxen. Esomeprazole is a proton pump inhibitor. It decreases the amount of acid produced in the stomach. Naproxen is a non-steroidal anti-inflammatory drug (NSAID). It works by reducing substances in the body that cause inflammation, pain, and fever. The CA MTUS guidelines recommend NSAIDs as a second-line treatment after Acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). The CA MTUS recommends the use of a proton pump inhibitor (PPI) for patients who are utilizing NSAIDs and are at intermediate or high risk for gastrointestinal events with no cardiovascular disease In this case. In this case, the records do not indicate the injured worker complained of gastrointestinal issues, or was at risk for any gastrointestinal events. In addition there is no documentation of a trial and/or failure for Acetaminophen, or any indication of periodic monitoring of blood tests including a complete blood cell count, and chemistry profile (including liver and renal function tests). It is noted that his vital signs including blood pressure readings were documented; however the criteria for the ongoing utilization of Vimovo as set forth by the CA MTUS guidelines has not been met. Therefore, the requested Vimovo tablets delayed release 20/375 mg, twice per day Qty. #300 is not medically necessary.

Norco 5/325mg, 4 times a day qty. #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone Page(s): 51, 74-95.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the injured worker is noted to have signed a pain management contract, despite this there is no documentation regarding side effects with the use of Norco, or any aberrant behaviors. The records do not document his current pain; his least reported pain over the period since his last assessment; his average pain; the intensity of pain after taking Norco; how long it takes for pain relief with the use of Norco; and how long his pain relief lasts with the use of Norco. In addition, the documentation does not indicate his level of function, or any improvement to his quality of life with the use of Norco. The criteria for the continued use of Norco have not been met based on the guidelines set forth by CA MTUS. Therefore, the requested Norco 5/325mg, 4 times a day Qty. #120 is not medically necessary.