

Case Number:	CM15-0170400		
Date Assigned:	09/10/2015	Date of Injury:	06/11/2012
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on 06/11/2012. According to a progress report dated 08-13-2015, the injured worker reported continued abdominal and low back pain. He reported having heartburn with the Methadone and his Celebrex was not covered. The provider noted that "it's unlikely to be from Methadone". He denied over the counter non-steroidal anti-inflammatory drugs. He had a prescription dated 08-14-2015 that he turned into the office. The injured worker requested a change of medications. He was going to be having surgery to the left knee in the near future for a non-work related injury. Sleep quality varied depending on pain. He also noted increased anxiety. He was working with the help of his medications. MRI of the lumbar spine was not authorized. Average pain since the last visit was 8 on a scale of 1-10. Mood since last visit was 7. Functional level since last visit was 7. He reported poor sleep quality due to pain. He was not using a sleep aid. Computed Tomography (CT) of the abdomen on 10-14-2013 showed no evidence for recurrent inguinal or umbilical hernia, mild hepatomegaly and diffuse hepatic stenosis, bilateral renal cysts, mild diverticulitis coli, essentially stable CT scan of the abdomen and pelvis with no significant change from prior exam. Current medications included Celebrex 200 mg twice a day as needed and Methadone 5 mg tablet ½ every twelve hours as needed for baseline pain. Physical examination demonstrated ongoing low back pain and right groin pain, worse on standing and walking as well as flexion and bending. He continued with right groin, right lower quadrant pain from hernia repair history. He reported reflux and gastroesophageal reflux symptoms. Current assessment included chronic severe right lower quadrant pain and groin pain, status post inguinal

hernia repair with entrapment syndrome, iliohypogastric ilioinguinal nerve syndrome, low back pain, hypertension, cholesterol, depression history, poor sleep hygiene due to pain and otherwise motivated patient. Diagnoses included reflex sympathetic dystrophy other site, unspecified neuralgia neuritis and radiculitis and lower extremity neuropathy. The treatment plan included: continue Methadone, hold Percocet, continue Celebrex, trial Aciphex, re-trial Norco 10-325 mg. The injured worker was on low dose Xanax for severe anxiety on flying as needed per primary care physician. Medications tried and failed included Norco 7.5-325 mg three times a day, Nuc ER 200 mg, Nuc IR 100 mg, Lyrica 75 mg, "tn3, pc5001". Urine drug screen on 03-09-2015 was consistent with history. This report was submitted for review. The treatment plan also included regular home exercise-physical therapy, urine drug test as needed, request for authorization for right hypogastric ilioinguinal nerve block for diagnosis and treatment effect, follow up with general surgeon hernia specialist who did initial surgery, continue work as tolerated, recommend for inguinal nerve peripheral nerve stimulation trial; if non-surgical-hold. Recommendations also included new MRI, given symptoms of lumbar spine pain. An authorization request dated 08-14-2015 was submitted for review. The request services included Methadone 5 mg ½ every day to every 12 hours as needed for pain #60 explicit direction, Celebrex 200 mg twice a day #60, trial Aciphex 20 mg every day #30, re-trial Norco 10-325 mg four times a day as needed for pain #120 - will reduced next time. On 08-21-2015, Utilization Review non-certified the request for Norco 10-325 four times a day as needed for pain #120-reduce next time and Aciphex 20 mg #30. Documentation submitted for review shows long term use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 qid prn pain #120-reduce next time: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids appear to be efficacious but limited for short-term pain relief in patients with chronic low back pain. Long-term efficacy is unclear. In this case, the patient has been prescribed Norco on a long-term basis. Long-term use may be appropriate if the patient is able to return to work and has documented significant pain relief and functional improvement with opioids. In this case, the documentation submitted fails to provide ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is no documentation of functional improvement and no evidence of a pain contract, risk stratification or urine drug testing. Therefore, for the above reasons, the request for ongoing use of Norco is not medically necessary or appropriate.

Aciphex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web Pain-PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Aciphex is a proton pump inhibitor (PPI) that is used to treat gastroesophageal reflux disease. PPI are also recommended in patients with moderate to high risk of GI events in patients taking NSAIDs. Patients at risk are those over 65, those having a history of peptic ulcer disease, GI hemorrhage or perforation, those taking ASA, corticosteroids or anticoagulants and those on high dose/multiple NSAIDs. In this case the patient has none of the above risk factors. The patient is not taking an NSAID. The patient reported onset of heartburn with Methadone, however his physician believed this was "unlikely." There are no details provided concerning the heartburn, such as frequency, timing or severity. Trials of OTC agents were also not addressed. Therefore, based on the above, this request for Aciphex is not medically necessary or appropriate.