

Case Number:	CM15-0170426		
Date Assigned:	09/10/2015	Date of Injury:	01/13/2012
Decision Date:	10/26/2015	UR Denial Date:	08/20/2015
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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 39 year old male, who sustained an industrial injury on 01-13-2012. The injured worker is currently able to perform sedentary work. Current diagnoses include long-term use of medications, neck sprain, and lumbar disc displacement without myelopathy, thoracic region sprain-strain, depression, and pain in shoulder joint. Treatment and diagnostics to date has included previous left hip surgery, left shoulder surgery, physical therapy, home exercise program, multiple MRI's, injections, and medications. Current medications include Flexeril, Nabumetone, Gabapentin, Viagra, Hydrocodone-Acetaminophen, Pantoprazole, and Multivitamin. In a progress note dated 06-10-2015, the injured worker reported chronic low back, left shoulder, and left hip pain and rated his pain 10 out of 10 on the pain scale with activity with an average pain level of 8-9 out of 10 without medications and 3-4 out of 10 with medications. Objective findings included an antalgic gait but were able to be ambulated into room without any assistance. The Utilization Review with a decision date of 08-20-2015 denied the request for retrospective Nabumetone 500mg #90 (DOS 06-10-2015), Hydrocodone 10-325mg #90 (DOS 06-10-2015), Pantoprazole 20mg #60 (DOS 06-10-2015), Gabapentin 600mg #60 (DOS 07-08-2015), Viagra 25mg #10 (DOS 07-08-2015), and Hydrocodone 10/325 #90 (DOS 07-08-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Nabumetone 500 mg #90 with a dos of 6/10/2015: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). Despite the fact that this patient has been on NSAID therapy for almost a year, a definitive improvement in the patient's chronic pain has not been established. Likewise, the medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, based on the submitted medical documentation, the request for Nabumetone is not medically necessary.

Retro Hydrocodone 10/325 mg #90 with a dos of 6/10/2015: 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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no

discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Hydrocodone 10/325 is not medically necessary.

Retro Pantoprazole 20 mg #60 with a dos of 6/10/2015: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for Nexium use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that he has GERD. However, the patient has no documentation of why chronic PPI therapy is necessary. His GERD is not documented to be refractory to H2 blocker therapy and he has not records that indicate an active h. pylori infection. Likewise, although the patient has been prescribed NSAIDs, retrospective review finds that long-term use of NSAIDs is not authorized. Therefore, the need for a PPI is also not indicated. Therefore, based on the submitted medical documentation, the request for Pantoprazole is not medically necessary.

Retro Gabapentin 600 mg #60 with a dos of 7/8/2015: 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): Antiepilepsy drugs (AEDs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs -also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The Guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation it did not appear the patient had a diagnosis of diabetic painful neuropathy

or post herpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, based on the submitted medical documentation, the request for Gabapentin is not medically necessary.

Retro Viagra 25 mg #10 with a dos of 7/8/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Indications and Information: Viagra <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm162833.htm>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Viagra (generic: Sildenafil) for this patient. The clinical records submitted do not support the fact that this patient has a current indication for this medication. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of Viagra. Per the FDA guidelines for use, Viagra is indicated for treatment of premature ejaculation and erectile dysfunction (ED). This patient has been demonstrated to have ED remotely but his most recent medical records do not indicate that the patient continues to suffer from sexual dysfunction. In fact, the patient's most recent clinic record dialed to perform a genito-urinary exam or address any GU health related issues. Therefore, based on the submitted medical documentation, the request for Viagra 25mg is not medically necessary.

Retro Hydrocodone 10/325 mg #90 with a dos of 7/8/2015: 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, criteria for use, Opioids, dosing, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if

there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Hydrocodone 10/325 is not medically necessary.