

Case Number:	CM15-0173701		
Date Assigned:	09/15/2015	Date of Injury:	12/06/2011
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on December 6, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic cervical condition with MRI showing disc disease from C4 through C7 status post facet injections and negative nerve studies, discogenic lumbar condition with MRI showing disc disease along the lumbar spine with facet hypertrophy noted at L3-L4, L4-L5 and L5-S1 status post facet injection with no relief and unremarkable nerve studies, weight gain of 16 pounds due to chronic pain and inactivity with elements of depression, insomnia, and stress, and secondary sexual dysfunction, erectile dysfunction, constipation, GERD, and headache. On August 18, 2015, the injured worker reported neck and lower back symptoms, with an element of depression, headaches, and shooting pain down the leg, left more than right. The Treating Physician's report dated August 18, 2015, noted the injured worker with high blood pressure of 159 over 94. The physical examination was noted occupational therapy show tenderness along the facet with facet loading along the cervicolumbar spine. An April 2015 urine drug screen (UDS) was noted to show evidence of Tramadol, Norco, and Fioricet, with current medications noted to be Naproxen, Aciphex, Effexor, Ultracet, Neurontin, Maxalt, Norco, and Levitra. Prior treatments have included at least four acupuncture treatments, lumbar epidural steroid injection (ESI), lumbar facet injections, at least six chiropractic treatments noted to have been helpful, a back brace, TENS, neck traction, and medication. The injured worker was noted to have not worked since January 14, 2014. The Treating Physician's report dated July 14, 2015, noted the injured worker's pain as unchanged, with prescribed medications of Norco, Effexor, Tramadol

ER, Naproxen, and Gabapentin. The Treating Physician's report dated June 11, 2015, noted the injured worker with ongoing low back pain, spasms and stiffness, taking his medication to be functional. Current medications were noted to include Norco, Levitra, Fioricet, Protonix, Effexor, Tramadol, and Naproxen. The Treating Physician's report dated March 24, 2015, noted the injured worker was prescribed Nalfon, Tramadol ER, Neurontin, Protonix, Effexor, Fioricet, Flexeril, Norco, and Viagra. A urine drug screen (UDS) dated April 29, 2015, noted the results consistent with the prescribed medication. The Treating Physician's request for authorization was noted to request Naproxen 550mg #60, Norco 10/325mg #120, Aciphex 20mg #30, and Effexor XR 75mg #60. The Utilization Review (UR) dated August 26, 2015, non-certified the requests for Naproxen 550mg #60, Aciphex 20mg #30, and Effexor XR 75mg #60, and modified the request for Norco 10/325mg #120, certifying 60 tablets to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen 550mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #120 is not medically necessary.

Aciphex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. Aciphex 20mg #30 is not medically necessary.

Effexor XR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The patient is not diagnosed with the above indications. Effexor XR 75mg #60 is not medically necessary.