

Case Number:	CM15-0176082		
Date Assigned:	09/17/2015	Date of Injury:	09/20/2004
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This 46 year old male sustained an industrial injury on 9-20-04. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, bilateral knee internal derangement, bilateral ankle internal derangement, possible complex regional pain syndrome of lower extremities and left quadriceps muscle strain. Previous treatment included lumbar fusion at L4-5 and L4-S1 (4-18-11), physical therapy, trigger point injections, injections, bracing and medications, Electromyography and nerve conduction velocity test of bilateral lower extremities (11-8-11 showed bilateral L4-5 radiculopathy. Left knee magnetic resonance imaging (9-18-12) showed degenerative changes with mild joint effusion. Right knee magnetic resonance imaging (9-27-10) showed mild chondromalacia patella. In a PR-2 dated 8-28-15, the injured worker complained of ongoing low back pain with radiation down bilateral lower extremities and bilateral knee pain. The injured worker rated his pain 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. The injured worker stated that pain continuing to limit both his mobility and activity tolerance. Physical exam was remarkable for lumbar spine with tenderness to palpation to the lumbar paraspinal musculature bilaterally with "decreased" range of motion in flexion and extension, positive bilateral straight leg raise and decreased sensation along the left thigh and calf, right knee with mild swelling, tenderness to palpation along the joint lines and range of motion with extension to 10 degrees and flexion to 100 degrees and crepitus, left thigh with a palpable soft tissue mass with tenderness to palpation and left knee with tenderness to palpation along the joint lines with crepitus on gentle range of motion and extension to -2 degrees. The physician stated that the

injured worker successfully detoxed of all opiate narcotics for seven months; however his pain had been getting worse lately and the injured worker required some low dose Norco. The physician also noted that the injured worker had chronic medication induced gastritis requiring the use of Prilosec. The injured worker had several risk factors including poor diet and smoking. The injured worker received trigger point injections during the office visit. The treatment plan included continuing Norco, Ultracet, Anaprox, Prilosec, Prozac and Doral and a spinal cord stimulator retrieval. On 9-8-15, Utilization Review modified a request for Ultracet 37.5-325mg #90 to Ultracet 37.5-325mg #60, Norco 10-325mg #60 to Norco 10-325mg #30, Doral 15mg #30 to Doral 15mg #15 and noncertified requests for Prilosec 20mg #60 and Anaprox DS 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg 390: 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, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Ultracet is a name brand combination prescription that contains Tylenol and ultram. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction". Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids". This patient has chronic lumbar pain s/p laminectomy which is currently being treated with opioids. The patient is at risk for addiction due to his current opioid use. Additionally, the patient is at risk for Tylenol toxicity due to concurrent Norco use. Therefore, based on the submitted medical documentation, the request for ultracet is not medically necessary.

Norco 10/325mg #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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

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 Norco 10/325 is not medically necessary.

Prilosec 20mg #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, 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 has been on NSAIDS but current authorization is not recommended for further therapy due to GI complaints. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI 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 (therapy refractory to H2 blockers or positive H. Pylori status). This patient's medical records support that he has gastritis. 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. Therefore, based on the submitted medical documentation, the request for Prilosec prescription is not medically necessary.

Anaprox DS 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), 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 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). This patient has experienced medication-induced gastritis. Authorization of chronic NSAID therapy in the setting of GI complications is not recommended. The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, the request for Anaprox prescription is not medically necessary and has not been established.

Doral 15mg #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): Benzodiazepines.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Doral prescription for this patient. Doral is a benzodiazepine, which is the name brand of Quazepam. The California MTUS guidelines state that Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks". The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety". This patient has been documented to have anxiety and restlessness on physical exam. The medical records indicate that he has chronic pain syndrome with lumbar post laminectomy syndrome symptoms, which are non-diagnostic. Use of a benzodiazepine is not recommended in this situation and for this diagnosis. Therefore, based on the submitted medical documentation, the request for Doral prescription is not medically necessary.