MAXIMUS Federal Services

Case Number:	CM15-0176834		
Date Assigned:	09/17/2015	Date of Injury:	05/07/2014
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
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: California
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 female individual who sustained an industrial injury on 5-7-14 when she tripped and fell on her hands and knees and then as she was getting up experienced low back pain radiating down the right leg. Diagnoses included L5-S1 disc herniation; lumbar sprain-strain; lumbar degenerative disc disease; bilateral L5-S1 lumbar radiculopathy; right carpal tunnel syndrome. She currently (7-22-15) complains of pain in the back with spasms, right leg pain with paresthesias and left leg with pain and weakness. She indicates that medications and physical therapy are improving her pain levels, function and overall sense of comfort. Pain levels were not enumerated. On physical exam of the lumbar spine there were spasms and guarded motion noted due to pain. In the qualified medical examination dated 6-12-15 the injured worker complained of low back pain radiating down the right leg and is burning; bilateral hip and knee pain; neck pain and right wrist pain. On this date her pain level was reported to be 10 out of 10. She ambulates with a cane. She reports her activities of daily living are limited. On physical exam of the lumbar spine she had tenderness to palpation, decreased range of motion; slight tenderness to palpation of the right knee; hip and wrist exams were unremarkable. The progress notes from 5-27-15 to 7-22-15 indicate improvement of symptoms. Diagnostics included MRI of the lumbar spine (1-25-15) showing disc protrusion, bilateral L4-5 facet capsulitis and L3-4 stenosis; electrodiagnostic study of the bilateral lower extremities (6-12-15) showing bilateral L5 and S1 radiculopathy; electromyography, nerve conduction study of bilateral upper extremities (6-26-15) showing right carpal tunnel syndrome. Treatments to date included right L5-S1 transforaminal epidural steroid injection (4-30-15); chiropractic treatments with some relief;

medications orphenadrine, omeprazole, Norco, Neurontin, Promolaxin. She has been on omeprazole since 3-25-15. The progress note dated 1-28-15 indicates that the injured worker's pain medications would be continued but the specific medications were not identified at that time. A request for authorization was not present. On 8-18-15 utilization review evaluated and non-certified omeprazole 20mg #60 with 2 refills based on no documentation of a history of gastrointestinal problems or current gastrointestinal irritation; modified gabapentin 300mg #60 with 2 refills to gabapentin 300mg #60 with no refills based on refills should be contingent on the injured worker's updated status and response to the medication; orphenadrine non-certified based on no current acute exacerbation of low back pain to warrant a short course of muscle relaxants; nabumetone 750mg #60 with 2 refills modified to nabumetone 750mg #60 with no refills based on refills should be contingent on the injured worker's updated status and response to the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 MG #60 with 2 Refills (Prescribed 7-22-15): 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)/NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for the use of a medication in the NSAID class. The ODG state the following regarding this topic: Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Acute low back pain & acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of

NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. 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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & Medications for acute pain (analgesics). Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) The risks of NSAIDs in older patients, which include increased cardiovascular risk and gastrointestinal toxicity, may outweigh the benefits of these medications. (AGS, 2009)In this case, the use of an NSAID is appropriate. At issue is the number of refills requested. Anti-inflammatory medications require regular screening for effectiveness and potential side effects. Re-evaluation is indicated prior to further continued use. As such, the request i s not medically necessary.

Orphenadrine 100 MG #60 with 2 Refills (Prescribed 7-22-15): 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): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of an acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Omeprazole 20 MG #60 with 2 Refills (Prescribed 7-22-15): 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: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(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 (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Gabapentin 300 MG #60 with 2 Refills (Prescribed 7-22-15): 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials, which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. Their also should be documentation of functional improvement and side effects incurred with use. Disease states, which prompt use of these medications, include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, the use of a medication in this class is indicated due to neuropathic pain. At issue is the number of refills requested. The use of antiepileptic medications requires regular screening measures including not only pain relief but potential side effects. Re-assessment prior to further medication usage is advised. As such, the request is not medically necessary.