

Case Number:	CM15-0178855		
Date Assigned:	09/21/2015	Date of Injury:	04/03/2000
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 04-03-2000. According to a progress report dated 08-19-2015, the injured worker reported constant pain in her back, shooting pain of a burning nature radiating down the left leg with weakness and "severe" cramps in her back and leg. She reported that she could not function without pain medications. She reported 50% reduction in pain, functional improvement with activities of daily living with medications versus not taking them at all. Pain was rated an 8 on a scale of 1-10, at best a 4 with the medications and 10 without the medications. She reported persisting left shoulder pain, inability to sleep on her left shoulder, push, pull or lift. She also reported ongoing issues of depression. Remeron was "very helpful" in keeping her mood upbeat. Affect appeared appropriate. Physical examination demonstrated palpable spasm in the lumbar trunk. Flexion was 20 degrees and extension was at 5 degrees. There was sensory loss to light touch and pinprick in the left lateral calf and bottom of her foot. There was an absent left Achilles reflex. Palpable spasm in the lumbar trunk with loss of lordotic curvature was noted. Left shoulder exam revealed limited range with positive impingement sign. There was crepitus on circumduction passively of the shoulder. Impression included left shoulder sprain strain with tendinopathy per MRI, lumbar sprain strain with degenerative disk disease, disk herniation with ongoing left radicular symptoms, dyspepsia from medications, history of insomnia due to pain and weight loss due to industrial onset stable and improved with Remeron use at night, constipation from narcotic use stable with Colace and non-industrial medical problems included chronic obstructive pulmonary disease, allergy symptoms and hypertension. Prescriptions included Duragesic patch, Protonix for dyspepsia, Remeron for depression, Zanaflex for back spasms, Tylenol #3 with Codeine for breakthrough pain, Colace for constipation from narcotic use and Senokot for constipation from

narcotic use. The provider noted that the injured worker was under a narcotic contract and that urine drug screens had been appropriate. She was to follow up in 4 weeks. An authorization request dated 08-24-2015 was submitted for review. The requested services included Duragesic, Protonix, Tylenol #3 with Codeine, Remeron, Colace, Zanaflex and Senokot. Urine drug screen reports were not submitted for review. Documentation shows use of Duragesic, Protonix, Remeron, Zanaflex, Tylenol #3, Colace and Senokot dating back to March 2015. On 09-03-2015, Utilization Review non-certified the request for Protonix 40 mg #30 and Senokot #60, modified the request for Tylenol #3 with Codeine# 80 and certified the request for Duragesic 100 mcg #20, Remeron 30 mg #30, Colace 250 mg #60 and Zanaflex 4 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg #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: Based on the 08/19/15 progress report provided by treating physician, the patient presents with back pain radiating down left leg and left shoulder pain. The request is for PROTONIX 40MG #30. Patient's diagnosis per Request for Authorization form dated 08/24/15 includes lumbar sprain, cervical radiculopathy, and subacromial bursitis. Physical examination to the lumbar spine on 08/19/15 revealed tenderness to palpation and spasm. Range of motion was decreased, especially on extension 5 degrees. Patient's medications include Protonix, Duragesic patch, Zanaflex, Tylenol #3, Colace and Senokot. The patient's work status is not provided. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anti-coagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." MTUS pg. 69 states "NSAIDs; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Protonix has been included in patient's medications, per progress reports dated 03/02/15, 05/26/15, and 08/19/15. It is not known when this medication was initiated. Patient's diagnosis on 08/19/15 includes dyspepsia from medications. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, the patient is not taking any NSAIDs to warrant prophylactic use of PPI. Furthermore, there are no discussions on how the medication is being used on daily basis and with what specific effect. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Tylenol #3 with Codeine #80: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with back pain radiating down left leg and left shoulder pain. The request is for Tylenol #3 with Codeine #80. Patient's diagnosis per Request for Authorization form dated 08/24/15 includes lumbar sprain, cervical radiculopathy, and subacromial bursitis. Physical examination to the lumbar spine on 08/19/15 revealed tenderness to palpation and spasm. Range of motion was decreased, especially on extension 5 degrees. Patient's medications include Protonix, Duragesic patch, Zanaflex, Tylenol #3, Colace and Senokot. The patient's work status is not provided. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tylenol #3 has been included in patient's medications, per progress reports dated 03/02/15, 05/26/15, and 08/19/15. It is not known when this medication was initiated. Per 08/19/15 report, pain is rated 4/10 with and 10/10 without medications. Treater states "50% reduction in pain, functional improvement with activities of daily living with medications versus not taking them at all. [The patient] is under narcotic contract with our office. Urine drug screens have been appropriate." In this case, treater has addressed analgesia with numeric scales, but has not discussed how Tylenol #3 significantly improves patient's activities of daily living with specific example. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Senokot #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association - Gastroenterology 2013 Jan; 144(1): 211-7, British Columbia Medical Services Commission; 2011 Sep 30. 44 p.

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

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with back pain radiating down left leg and left shoulder pain. The request is for Senokot #60. Patient's diagnosis per Request for Authorization form dated 08/24/15 includes lumbar sprain, cervical radiculopathy, and subacromial bursitis. Physical examination to the lumbar spine on 08/19/15 revealed tenderness to palpation and spasm. Range of motion was decreased, especially on extension 5 degrees. Patient's medications include Protonix, Duragesic patch, Zanaflex, Tylenol #3, Colace and Senokot. The patient's work status is not provided. MTUS page 77, criteria for use of opioids section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Senokot has been included in patient's medications, per progress reports dated 03/02/15, 05/26/15, and 08/19/15. It is not known when this medication was initiated. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.