

Case Number:	CM15-0063152		
Date Assigned:	04/09/2015	Date of Injury:	05/29/2008
Decision Date:	06/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/02/2015

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, Public Health & General Preventive 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 55 year old male who sustained an industrial injury on 05/28/2008. Current diagnoses include post laminectomy pain syndrome-lumbar, lumbar radiculopathy, and chronic pain syndrome. Previous treatments included medication management and surgery. Previous diagnostic studies included x-rays of the lumbar spine and MRI of the lumbar spine. Report dated 02/16/2015 noted that the injured worker presented with complaints that included low back pain with radiation down both legs with associated numbness and tingling. Pain level was rated as 6-9/10. Current medication regimen includes Celebrex, Doc-Q-Lace, Lyrica, Norco, and omeprazole. The injured worker noted that the Norco helps to alleviate the pain. It was further noted that the medications help the injured worker to walk. Physical examination was positive for abnormal findings. The treatment plan included discussion of lumbar x-rays, continue Norco to improve pain and function, noted improved ambulation with walker with seat, request authorization for a spinal cord stimulator, continue omeprazole, Doc-Q-Lace, and Lyrica, and return in one month for follow-up. The physician noted that the injured worker has tried ibuprofen and naproxen in the past with intolerable side effects of gastritis, and has chronic pain syndrome due to post laminectomy syndrome who has tried and failed conservative therapy and continues to have suboptimal pain relief. Requested treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized Norco 10/325 mg since at least 08/2014. There is no documentation of objective functional improvement. There is no documentation of a written consent or agreement for the chronic use of an opioid. The request as submitted also failed to indicate the frequency of the medication. Given the above, the request is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. It is also noted that the injured worker has utilized the above medications since at least 08/2014 without any evidence of objective functional improvement. The medical necessity for the ongoing use of this medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor,

even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Doculase 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend first line treatment for opioid induced constipation, to include increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, the injured worker has utilized the above medication since 08/2014 for opiate induced constipation. There was no mention of an improvement in symptoms despite the ongoing use of this medication. There was also no documentation of a failure to respond to first line treatment prior to the initiation of a prescription product. The request as submitted also failed to indicate the specific frequency. Given the above, the request is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines recommend anti-epilepsy drugs for neuropathic pain. In this case, the injured worker has utilized Lyrica 100 mg since at least 08/2014. There is no documentation of objective functional improvement. The injured worker continues to report high levels of pain with radiating symptoms into the bilateral lower extremities. There was also no frequency listed in the request. As such, the request is not medically necessary.