

Case Number:	CM15-0071994		
Date Assigned:	04/22/2015	Date of Injury:	08/27/2013
Decision Date:	07/07/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 08/27/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having protrusion at lumbar five to sacral one with neural encroachment and radiculopathy, compression fracture at lumbar two and lumbar four, and left ankle fracture. Treatment to date has included medication regimen, use of a transcutaneous electrical nerve stimulation unit, home exercise program, use of heat, use of cold therapy, acupuncture, laboratory studies, and physical therapy. In a progress note dated 03/20/2015 the treating physician reports complaints of right foot/ankle pain that is rated six out of ten, left foot ankle/pain that is rated a three out of ten and low back pain with lower extremity symptoms that is rated a five out of ten. The treating physician requested the medications of Hydrocodone 10/325mg with a quantity of 60 noting that this medication decreases exacerbations of severe pain thereby decreasing the use of other medications; Naproxen 550mg with a quantity of 90 noting that the use of a non-steroidal anti-inflammatory drug assists in improvement of range of motion and decreases achy type of pain; Pantoprazole 20mg with a quantity of 90, noting that the injured worker has a history of gastrointestinal upset secondary to non-steroidal anti-inflammatory drug use along with the injured worker denying any gastrointestinal upset with current use of proton pump inhibitor; and Cyclobenzaprine 7.5mg with a quantity of 90, noting that the injured worker has a decrease in spasms assisting in improvement in range of motion, tolerance to exercise therapy, and a decrease in overall pain level of three to four points on a scale of ten.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, and upon review of the notes available for review, there was sufficient evidence of ongoing functional and pain-reducing benefit regarding the medical need for hydrocodone for breakthrough pain associated with his injury. Drug screening is not necessary to be used on a regular basis unless evidence of abuse is found or suspected. Therefore, the request for hydrocodone will be considered medically necessary.

Tramadol 150mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was sufficient evidence to

show pain reduction, hydrocodone use reduction, and functional gains with ongoing use of tramadol without significant side effects or abuse reported. Therefore, the request for tramadol will be considered medically necessary.

Naproxen 550mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, the prescribed Naproxen was being used at the dose of 1650 mg per day, which is beyond the recommended upper limit of 1250 mg per day for this medication. Although it is documented that other NSAIDs and doses were not as effective, the risks associated with this medication (kidney, GI, and cardiac effects, etc.) are even higher with the higher doses and frequent daily use. Although a PPI was prescribed, this does not reduce the associated kidney, cardiac, or intestinal effects of this medication and might provide a false sense of protection. Regardless of the pain reduction associated with this medication, for the diagnoses provided and the overuse, it will be considered medically unnecessary and inappropriate based on the evidence available and on the opinion of this reviewer.

Pantoprazole 20mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, although there was clear evidence of previous history of a gastrointestinal event or increased risk of an event prior to starting NSAIDs, the use of high doses of NSAIDs would suggest a need for a PPI to accompany the NSAID use to help reduce (but not eliminate) the risk of GI risks. This reviewer suggests that the overuse of Naproxen in this case is inappropriate and

discontinuation was recommended, which would allow for discontinuation of pantoprazole. Also, the side effects associated with pantoprazole (pneumonia, poor nutrient absorption, bone loss, etc.) are even higher when using doses higher than recommended as was being prescribed (60 mg daily). Therefore, for these reasons, the pantoprazole will be considered medically unnecessary.

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having tried other muscle relaxants with less effectiveness at reducing pain related to spasm, however, this medication class altogether is not recommended for chronic use as was being prescribed and taken. Therefore, continuation of cyclobenzaprine as such would not be recommended or medically necessary. Also, there was no evidence from the recent note which suggested the worker was having an acute flare, which required a short course of cyclobenzaprine which might have helped justify a small number of the medication.