

Case Number:	CM15-0096708		
Date Assigned:	05/27/2015	Date of Injury:	07/26/2006
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 53 year old male, who sustained an industrial injury on 07/26/2006. He has reported injury to the low back. The diagnoses have included lumbar spine pain; degenerative disc disease, lumbar spine; and sciatica. Treatment to date has included medications, diagnostics, bracing, injections, TENS (transcutaneous electrical nerve stimulation) unit; and physical therapy. Medications have included Celebrex, Skelaxin, Aciphex, Tramadol, and Norco. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of exacerbation of pain in his low back; severity of pain is described as 9 out of 10; pain with walking on flat surfaces, going up and down stairs, and lying in bed; has had lumbar injections and therapy in the past; he has used a TENS unit and a corset; and he is working with restrictions. Objective findings included an antalgic gait with the use of a walker for ambulation; disabling symptoms in the lumbar region; and he has significant restricted motion. The treatment plan has included the request for Aciphex 20mg times one refill; Norco 10/325mg; Skelaxin 800mg #90 times one refill; and Tramadol 50mg #180 times one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The 53 year old patient complains of lower back pain, rated at 9/10, as per progress report dated 04/01/15. The request is for 30 tablets of Aciphex 20 mg with 1 refill. There is no RFA for this case, and the patient's date of injury is 07/26/06. Diagnoses, as per progress report dated 04/01/15, included lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica. Medications included Skelaxin, Norco, Tramadol and Aciphex. The patient is not working, as per the same progress report. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Rabeprazole is a PPI similar to omeprazole. In this case, a prescription for Aciphex is first noted in progress report dated 04/12/12, and the patient has been using the medication consistently at least since then. As per progress report dated 04/01/15, the patient has a "positive history of acid reflux." Prior progress report dated 02/09/15 also documents the use of Celebrex, an NSAID. Given the patient's history of GI problems, the request for Aciphex appears reasonable and IS medically necessary.

Norco10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 53 year old patient complains of lower back pain, rated at 9/10, as per progress report dated 04/01/15. The request is for 180 tablets of Norco 10/325 mg. There is no RFA for this case, and the patient's date of injury is 07/26/06. Diagnoses, as per progress report dated 04/01/15, included lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica. Medications included Skelaxin, Norco, Tramadol and Aciphex. The patient is not working, as per the same progress report. MTUS Guidelines 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 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. In this case, a prescription for Norco is first noted in progress report dated 08/27/12, and the patient has been

taking the medication consistently since then. The patient is also taking Tramadol, another opioid. The treater, however, does not use a numerical scale to demonstrate a measurable reduction in pain nor does the treater provide examples that indicate improvement in function. No UDS or CURES reports are available for review. The treater does not discuss the side effects of Norco as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request IS NOT medically necessary.

Skelaxin 800mg #90 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: The 53 year old patient complains of lower back pain, rated at 9/10, as per progress report dated 04/01/15. The request is for 90 tablets of Skelaxin 800 mg with 1 refill. There is no RFA for this case, and the patient's date of injury is 07/26/06. Diagnoses, as per progress report dated 04/01/15, included lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica. Medications included Skelaxin, Norco, Tramadol and Aciphex. The patient is not working, as per the same progress report. MTUS p 61 regarding skelaxin states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." In this case, a prescription for Skelaxin is first noted in progress report dated 02/17/11, and the patient has been taking the medication at least since then. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Hence, the request IS NOT medically necessary.

Tramadol 50mg #180 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 53 year old patient complains of lower back pain, rated at 9/10, as per progress report dated 04/01/15. The request is for 180 tablets of Tramadol 50mg with 1 refill. There is no RFA for this case, and the patient's date of injury is 07/26/06. Diagnoses, as per progress report dated 04/01/15, included lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica. Medications included Skelaxin, Norco, Tramadol and Aciphex. The patient is not working, as per the same progress report. MTUS Guidelines 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 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. In this case, a prescription for Tramadol is first noted in progress report dated 02/17/11, and the patient has been taking the medication consistently since then. The patient is also taking Norco, another opioid. The treater, however, does not use a numerical scale to demonstrate a measurable reduction in pain nor does the treater provide examples that indicate improvement in function. No UDS or CURES reports are available for review. The treater does not discuss the side effects of Tramadol as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request IS NOT medically necessary.