

Case Number:	CM15-0098561		
Date Assigned:	06/01/2015	Date of Injury:	02/21/2003
Decision Date:	09/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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 41 year old male, who sustained an industrial injury on 2/21/2003. Diagnoses include lumbar discopathy and degenerative disc disease with facet syndrome. Treatment to date has included surgical intervention (lumbar fusion 5/2012), diagnostics, injections and medications including Provigil, Prilosec, Norco, Neurontin, Methocarbamol, Lidoderm 5% patch, and Butrans patch. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker presented for follow up of back pain. He reported radicular symptoms in the right and left legs and weakness in the right and left legs. He rated the severity of his pain as 4-8/10. Physical examination revealed tenderness across the paraspinous area of the lumbosacral spine. Weakness to the lower extremities was rated as 4/5. There was significant lower extremity dysesthesias with decreased sensation along the plantar aspect both lower extremities and along the lateral aspect and slightly burning DTRs. The plan of care included medications and authorization was requested for Prilosec 20mg, Provigil 200mg, Butrans patch 15mcg/hr, Methocarbamol 500mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 04/30/15) Online Version.

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

Decision rationale: The patient presents with back pain. Back pain is located in the cervical area and lumbar area. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for PRILOSEC 20MG #30 WITH 3 REFILLS. The request for authorization is dated 05/06/15. The patient is status post DRDB of the lumbar spine, 05/2009. Status post L5-S1 fusion, 05/31/12. Physical examination reveals tenderness across the paraspinous area of the lumbosacral spine. Significant lower extremity dysesthesias with decreased sensation along the plantar aspect of both lower extremities and along the lateral aspect and slightly burning DTRs. Lumbosacral exam reveals positive pelvic thrust, positive FABER maneuver right, positive Gainslen's maneuver right, positive Patricks maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral and pain with rotational extension indicative of facet capsular tears bilateral, and he has decreased pain to provocative maneuvers. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on 09/30/14, the most recent was WNL, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 70% improvement in pain. Patient's medications include Tegaderm, Simvastatin, Provigil, Prilosec, Norco, Nifedipine, Neurontin, Methocarbamol, Lisinopril, Lidoderm, Flonase and Butrans. Per progress report dated 05/06/15, the patient is permanent and stationary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 09/30/14. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. And treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Furthermore, per progress report dated 05/06/15, the patient is not prescribed any NSAIDs. Therefore, given lack of documentation as required by my guidelines, the request IS NOT medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with back pain. Back pain is located in the cervical area and lumbar area. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for NORCO 10/325MG #180. The request for authorization is dated 05/06/15. The patient is status post DRDB of the lumbar spine, 05/2009. Status post L5-S1 fusion, 05/31/12. Physical examination reveals tenderness across the paraspinous area of the lumbosacral spine. Significant lower extremity dysesthesias with decreased sensation along the plantar aspect of both lower extremities and along the lateral aspect and slightly burning DTRs. Lumbosacral exam reveals positive pelvic thrust, positive FABER maneuver right, positive Gainslen's maneuver right, positive Patricks maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral and pain with rotational extension indicative of facet capsular tears bilateral, and he has decreased pain to provocative maneuvers. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on 09/30/14, the most recent was WNL, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 70% improvement in pain. Patient's medications include Tegaderm, Simvastatin, Provigil, Prilosec, Norco, Nifedipine, Neurontin, Methocarbamol, Lisinopril, Lidoderm, Flonase and Butrans. Per progress report dated 05/06/15, the patient is permanent and stationary. 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p 90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 09/30/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS being performed was documented. Treater has discussed and documented some, but not all of the requirements of MTUS guidelines. Therefore, the request IS NOT medically necessary.

Butrans 15mcg/hr patch #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with back pain. Back pain is located in the cervical area and lumbar area. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for BUTRANS 15MCG/HR PATCH #4 WITH 3 REFILLS. The request for authorization is dated 05/06/15. The patient is status post DRDB of the lumbar spine, 05/2009. Status post L5-S1 fusion, 05/31/12. Physical examination reveals tenderness across the paraspinous area of the lumbosacral spine. Significant lower extremity dysesthesias with decreased sensation along the plantar aspect of both lower extremities and along the lateral aspect and slightly burning DTRs. Lumbosacral exam reveals positive pelvic thrust, positive FABER maneuver right, positive Gainslen's maneuver right, positive Patricks maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral and pain with rotational extension indicative of facet capsular tears bilateral, and he has decreased pain to provocative maneuvers. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on 09/30/14, the most recent was WNL, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 70% improvement in pain. Patient's medications include Tegaderm, Simvastatin, Provigil, Prilosec, Norco, Nifedipine, Neurontin, Methocarbamol, Lisinopril, Lidoderm, Flonase and Butrans. Per progress report dated 05/06/15, the patient is permanent and stationary. 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 4A's (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. Treater does not specifically discuss this medication. Patient has been prescribed Butrans Patch since at least 09/30/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Butrans Patch significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Butrans Patch. No validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS being performed was documented. Treater has discussed and documented some, but not all of the requirements of MTUS guidelines. Therefore, the request IS NOT medically necessary.

Methocarbamol 500mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) ANTISPASMODICS Page(s): 63-66.

Decision rationale: The patient presents with back pain. Back pain is located in the cervical area and lumbar area. Patient is experiencing back stiffness, radicular pain in right and left leg

and weakness in right and left leg. The request is for METHOCARBAMOL 500MG #120 WITH 4 REFILLS. The request for authorization is dated 05/06/15. The patient is status post DRDB of the lumbar spine, 05/2009. Status post L5-S1 fusion, 05/31/12. Physical examination reveals tenderness across the paraspinous area of the lumbosacral spine. Significant lower extremity dysesthesias with decreased sensation along the plantar aspect of both lower extremities and along the lateral aspect and slightly burning DTRs. Lumbosacral exam reveals positive pelvic thrust, positive FABER maneuver right, positive Gainslen's maneuver right, positive Patricks maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral and pain with rotational extension indicative of facet capsular tears bilateral, and he has decreased pain to provocative maneuvers. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on 09/30/14, the most recent was WNL, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 70% improvement in pain. Patient's medications include Tegaderm, Simvastatin, Provigil, Prilosec, Norco, Nifedipine, Neurontin, Methocarbamol, Lisinopril, Lidoderm, Flonase and Butrans. Per progress report dated 05/06/15, the patient is permanent and stationary. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Treater does not specifically discuss this medication. The patient has been prescribed Methocarbamol since at least 09/30/1. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. However, Methocarbamol has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for additional Methocarbamol #120 with 4 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.