

Case Number:	CM14-0141139		
Date Assigned:	09/10/2014	Date of Injury:	07/26/1999
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old woman with reported date of industrial injury of 7/26/1999. Her listed diagnoses include generalized anxiety disorder, depression, post-traumatic stress disorder, hypertension and low back pain. The patient was seen by a neurologist on 9/2/2014 and symptoms at that time included neck pain, upper back pain and lower back pain. She had radiation of pain to both upper extremities and lower extremities. She had headaches as well and stable depression / anxiety, occasional sleep difficulties despite Lunesta, GI upset and hypertension problems. She had paresthesias of bilateral hands and difficulty making a fist or doing repetitive tasks. On examination, she had lumbar and cervical tenderness, positive straight leg raise test bilaterally and positive Phalen's tests bilaterally. Her diagnoses on this visit included post head injury syndrome with dizziness, depression, anxiety, s/p sexual abuse, lumbar strain with radiculopathy, elevated blood pressure and gastrointestinal upset due to pain medications. The recommendation of the physician was to continue Norco QID since when it was reduced to Norco BID, the pain had increased. Refill of omeprazole was also recommended for GI upset, citing that opiates reduced sphincter tone of the lower esophagus, causing reflux, and upset due to other medicines as well. Zanaflex was recommended for muscle spasms. Of note, the physician documented spasms bilaterally of the cervical spine. There was also spasms in the lumbar spine bilaterally. She was also to follow up with her internal medicine physician and psychologist / psychiatrist. She was also seen on 8/5/2014 by her Internal Medicine physician and it was noted that she had been denied some medicines in the recent past which had caused a severe aggravation of symptoms and the patient thought that worker's compensation was trying to "kill her". Other findings were similar to those provided by the neurology specialist. The physician noted that she needed at least three tablets of Norco to be preauthorized. It was noted that without the Norco, the patient was unable to tolerate pain. A 7/8/2014 report by

the neurologist was essentially nearly identical to his note from 9/2/2014 suggesting that notes were being copied forward with minor modifications. A psychiatric AME was reviewed as well and indicated that the patient had severe psychiatric comorbidity with depression, anxiety, post-traumatic stress, panic disorder and was noted to be highly compromised functionally with minimal ability to relate to others, follow instructions and be competent at work. She expressed ongoing frustration, anger and anxiety related to work events, the alleged harrasment at work, both sexual and verbal. Her GAF was 63.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES FOR CHRONIC PAIN Page(s): 80.

Decision rationale: The patient has a complicated medical and psychiatric illness complex. The primary drivers of this appear to be psychiatric factors and potentially underlying personality style. There are diffuse pain complaints along with ongoing panic, anxiety, depression, insomnia, dizziness, headaches and other non specific but highly generalized complaints. She expressed severe distress when not provided her Norco at 3-4 tablets a day and when her medications were not certified, she experienced significant physical and psychological symptoms. Despite being on Abilify and desvenlafaxine at relatively robust doses, she voices pain and discomfort when not receiving Norco at least 3-4 times a day. The Norco evidently allows her to function at her baseline level, albeit below that of an occupationally employed person. There is guideline support for treating patients with chronic opiates when their symptoms do not remit despite agents appropriate for their underlying psychiatric problems and prescription of medications that are ordinarily used for chronic pain, such as desvenlafaxine (a congener of venlafaxine, which is indeed one of the guideline endorsed agents for chronic pain management). Additionally, her case requires great care and individualization of management due to the presence of an exceptional degree of psychiatric comorbidity. Reductions in her opiate and other medications due to application of guidelines that may be appropriate for an individual without such immense psychiatric comorbidity would not be appropriate in this individual. Therefore, in deference to the guidelines and in view of the patient's complex psycho-somatic syndrome, Norco 7.5/325 mg # 120 is recommended. As listed on Pg 80 of the CA MTUS Chronic pain guidelines, "failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." The individual in question clearly suffers an exacerbation of pain when Norco therapy is reduced. She is able to function in her daily life with Norco 3 or 4 pills a day, and so in a sense, has responded to opiate medication. It can be argued that the effect may be mediated more centrally than on nociceptive signals peripherally, but the salutary effect on her pain and function appears to be consistently evident in the clinical notes submitted.

Omeprazole Delayed Release 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse - Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN, USE OF OPIATES Page(s): 84. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Ed, Chapter on Peptic Ulcer, 2010, McGraw Hill.

Decision rationale: On page 84, the CA MTUS states that opiates are often associated with epigastric pain, nausea and other forms of GI distress that can be broadly considered non ulcer dyspepsia. This patient has manifested gastrointestinal upset with multiple medications and in multiple clinical notations of the providers taking care of her. Omeprazole has indeed produced a beneficial effect in lessening the adverse effect of medications. It is important however, to remain vigilant that ongoing complaints of GI distress should prompt further work up and evaluation for a more serious underlying etiology such as a tumor or ulcer. Nonetheless, if there is adequate response to a proton pump inhibitor for dyspepsia, continuation of this agent is generally recommended. Although the occupational medicine literature does not address the issue of dyspepsia independent of the effect of NSAIDs, there is sufficient general medical literature that suggests the use of proton pump inhibitors is appropriate for dyspepsia related to a multitude of medications such as opiates (see reference cited), as long as providers are cognizant in recognizing worsening or refractory symptoms that may signal the presence of a serious underlying organic disorder. Therefore, the request for Omeprazole is recommended.

Tizanidine Hydrochloride 2mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: "Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)". is noted above in the excerpt from the guidelines, Tizanidine has been recommended as an option for chronic pain in fibromyalgia, chronic myofascial pain and also as an unlabeled option in low back pain with demonstrated efficacy. Since the patient is stable on her regimen and alteration of her medical regimen has been shown to be associated with marked worsening of complaints, it is medically prudent to continue judicious and monitored / careful use of this medication as well.

Lipitor 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse- Lipid Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://cvdrisk.nhlbi.nih.gov> (Framingham risk calculator) American College Of Cardiology / American Heart Association guidelines are available freely online at <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>, accessed 9/30/2014

Decision rationale: The insured has a hemoglobin A1C of 5.7%, which is high, in addition to being overweight (BMI of 28), being relatively physically inactive, having hypertension (which appears to be relatively uncontrolled at times of measurement in the office with readings as high as systolic of 177 mm Hg) and she is 60 years old. Accordingly, her Framingham risk score is approximately 5% and given that she likely has early diabetes, a comprehensive program of cardiovascular risk reduction is appropriate (see the American College of Cardiology guidelines recently updated with CV risk reduction and lipid management guidance). Most physicians trained in cardiovascular medicine would agree that with a Framingham risk score of 5% over 10 years, along with hypertension and early diabetes as well as overweight, a 60 year old should receive a statin medication to mitigate adverse cardiovascular risk. As such, in accordance with general medical practice / standard and guidelines published by the American college of cardiology, the request for Lipitor is recommended.