MAXIMUS Federal Services

Case Number:	CM14-0146854		
Date Assigned:	09/22/2014	Date of Injury:	09/27/1985
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational 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:

According to the provided documents, this is a 71-year-old woman injured on 9/27/1985. The mechanism of injury is not known. This review will discuss the disputed Nexium 40 mg #90, diclofenac 75 mg #180, Imitrex 50 mg #99, and Lyrica 75 mg #90 that was discussed in a utilization review determination letter from 8/26/14. There is a supplemental report from the consulting physician dated 9/10/14 that appeals the utilization review denials. It states that the patient has a long history of 6 total hip arthroplasties, four rotator cuff repairs, nerve damage, neck and back problems with a history of a thoracolumbar fusion, left knee arthritis, headaches and chronic pain. It states that the medications help her to be stable and are medically necessary to avoid any further intervention and allow her to continue to be functional on a day-to-day basis. There is a patient medication history/ pharmacy list that documents that the patient had been given 90 day supplies of diclofenac 75 mg on 6/26/13, 11/19/13, and 2/14/14 as well as 90 day supplies of Nexium on 6/26/13, 11/22/13, and 2/11/14. Lyrica was provided on 1/29/14 and 4/23/14 both 90 day supplies. The patient was also given some prescriptions for tramadol/acetaminophen and Robaxin as well as a sleeping pill Lunesta. A 3/19/12 medical legal evaluation noted the medications at that time included Nexium, Imitrex and diclofenac. A rehabilitation program for strengthening and possible hardware removal was recommended at that time. A 1/6/14 orthopedic report indicates that the patient had not been seen since April 2013, she had a fall about 2 weeks before. At that time the report indicated that the patient was started on the Lyrica. There is consideration for her to see the knee specialist for repeat Synvisc. Other medications or the response to them were not mentioned at that time. A 3/26/14 follow-up requested Ultracet, Robaxin for muscle relaxant, and Lunesta for sleep. There was no mention of the other medications. There was also no mention of the response to the Lyrica previously prescribed. Follow up on 5/5/14 does not specifically describe patient's current complaints nor is

there mention of the patient's response to medications or how often she takes them. The report states that the patient requires a number of medications for relief of symptoms to make her active and help her function during the day and also at night. An examination showed positive findings, with thoracic tenderness, cervical spine positive Spurlings, numbness and tingling into the thumb and index finger on both hands consistent with C6 dermatome. The report did say Lyrica helped with radiculopathy pain. There was no further elaboration.This mentions that the patient requires ongoing treatment with Forteo is needed to help heal the multiple fracture she has sustained and the resulting deformities. Imitrex has been helpful in managing her headache mediated pains associated with cervical radiculitis. She requires Voltaren for nonnarcotic portion of medications, uses Ultracet and requires Nexium. A 7/21/14 report indicates that the patient continues to have symptoms of back and leg pain, walks with a walker and requires a number of medications. The exam is similar to the previous report, with no new findings. There is mention of an MRI that shows moderately severe cervical spine stenosis C5-6 and C6-7, there is no mention of the date of this study. Diagnoses are thoracolumbar fusion from T9 through S1 with residual kyphosis, remote bilateral hip replacements resulting in a protrusion deformity of the right hip,t here is some evidence of loosening; bilateral shoulder surgery, and left knee arthrosis. There is C5-6 and C6-7 foraminal stenosis with right-side greater than left radiculopathy. The report again notes that the patient needs to complete Forteo until September for a two-year treatment cycle, Lyrica for the radiculopathy, Imitrex for help with headaches and cervical radiculitis associated with cervical stenosis, Lunesta a chronic pain strategy, Voltaren is a nonnarcotic pain strategy, Robaxin for muscle spasms in the neck and low back, Ultracet for chronic pain, Nexium as the different medications described can affect the G.I. track and can cause GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40 MG, QUANTITY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA prescribing information for Nexium: http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/021689s020lbl.pdf FDA prescribing information for Forteo http://www.forteo.com/

Decision rationale: Nexium is a proton pump inhibitor also known as Esomeprazole. MTUS chronic pain guidelines address use of proton pump inhibitors in the context of prophylaxis against gastrointestinal side effects for patients using non-steroidal anti-inflammatory medications. This patient is being prescribed a non-steroidal anti-inflammatory medication, Diclofenac, chronically and she is over age 65 with a possible history of GERD so while she is taking the non-steroidal anti-inflammatory a proton pump inhibitor would be supported by MTUS guidelines. However, continued chronic use of the diclofenac is not medically necessary (see below). Additionally, this class of medications carries several warnings noting that there is an increased risk of bone fracture with long-term and multiple daily dose proton pump inhibitor therapy and increased risk of osteoporosis related fractures of the hip, wrist or spine. Common adverse reactions include headache. The reports also state patient is using Forteo, a medication

for osteoporosis to help prevent fracture. Keeping her chronically on a medication that has been known to increase fracture risk and osteoporosis, i.e. Nexium is contraindicated. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

DICLOFENAC 75 MG, QUANTITY 180: Upheld

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

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

Decision rationale: Use of this medication, a non-steroidal anti-inflammatory medication has been chronic, well over 2 years. During that time there is no indication that this patient had any increase in her overall activities of daily living or a reduction in need for medical treatment. Because of problems (or concern for problems)with GERD and gastrointestinal side effects from use of this medication, the patient has used of proton pump inhibitor chronically as well which is contraindicated given her history of osteoporosis. MTUS guidelines recommend use of NSAIDs in the lowest possible dose for the shortest possible time. Chronic use is discouraged and is recommended that this is only used for flare-ups of pain. Given the lack of objective functional benefit and the patient's comorbidities the continued chronic use of this medication is not medically necessary based upon the evidence and the guidelines.

IMITREX 50 MG, QUANTITY 99: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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: FDA prescribing information at https://www.gsksource.com/gskprm/htdocs/documents/IMITREX-TABLETS-PI-PIL.PDF

Decision rationale: MTUS and ODG guidelines do not address this medication for treatment of headaches. This is also known as the generic sumatriptan succinate. The report indicates that this is being given for headaches that are associated with the cervical spine pain and radiculitis. There is NO diagnosis of migraine headaches. Additionally, there is no documentation of symptoms consistent with migraine headaches, which is a centrally mediated vascular phenomenon unrelated to musculoskeletal pain. Prescribing information states that this medication is indicated only for the acute treatment of migraine attacks with or without aura. It is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine.The safety and effectiveness of IMITREX Tablets have not been established for cluster headaches. Prescribing information warns that this should only be used where a clear diagnosis of migraine headaches has been established. None of the reports document how often the patient's headaches are, how they present, where the pain is located, and what specifically Imitrex does for the headache when taken. There is no mention of the actual frequency of use of

the Imitrex. Most important however there is no diagnosis of migraines. Therefore, based upon the evidence and the guidelines, this is not medically necessary.

LYRICA 75 MG, QUANTITY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, anti-epilepsy drugs (AEDs),MTUS guidelines, definitions page 1 Page(s): 16-20,1.

Decision rationale: The medical records indicate patient has been using this for about 8 months. It reportedly "helps" the radicular pain but apparently the patient still experiences the radicular pain. There is no evidence that adding this medication allowed patient to reduce her other analgesics. There is no indication that it resulted in less dependence on medical treatment or that it resulted in increased ability to ambulate or perform any other new or additional activities of daily living. While this is an anti-epileptic supported by MTUS guidelines for treatment of neuropathic pain, MTUS guidelines do not support ongoing treatment if it does not result in functional benefit, which is not documented here. Therefore, based on the evidence and guidelines it is not medically necessary.