

<b>Case Number:</b>	CM13-0027399		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/13/2003
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 patient is a 64 year old, female with a 12/13/03 date of injury. The UR determination being challenged is dated 8/27/13 and recommends denial of Protonix, Motrin, Urine Drug Screen, Pain Management Evaluation and Treatment, and Celebrex. [REDACTED] is the requesting provider, and he provided treatment reports from 4/10/13-11/6/13. Based on the 8/7/13 PR-2 provided by [REDACTED], the patient complains of ongoing pain and discomfort in her bilateral knees. She also complains of headaches due to her sharp neck pain. The pain frequently radiates in her bilateral shoulders with an associated burning sensation. Also reported is a clicking of the patient's shoulders with circular motion. Right knee pain has improved but left knee pain increasing in severity along with her wrist and thumb. The pain in the patient's bilateral middle back is increasing in severity with a burning sensation and she reports having numbness on reaching out with arms, but pain in the left heel has improved. [REDACTED] also notes the diagnoses are fibromyalgia, cervical spondylosis/myofascial pain, cervical radiculopathy secondary to disc protrusion at the C4 through C6 levels, bilateral cubital syndrome and carpal tunnel, lumbar spondylosis/myofascial pain, bilateral shoulders sprain/strain syndrome, bilateral wrist sprain/strain syndrome, SLAP and tear(right shoulder), impingement(bilateral shoulders), bilateral knee sprain/strain syndrome, bilateral knee pain, distal femoral enchondroma causing pain, depression, anxiety, weight gain, sleep disruption, constipation/gastrointestinal upset, and headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription Motrin 800mg #90: Overturned**

**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 Page(s): 22; 67-68.

**Decision rationale:** The Physician Reviewer's decision rationale: The records show the patient has tried naproxen in the past but Motrin/ibuprofen has been more effective at relieving her cervicogenic headaches. She has been using Ibuprofen for several years and it has controlled her symptoms. She has neck and low back pain, bilateral CTS, bilateral knee pain. It was reported on 8/7/13 that the combination of Vicodin, ibuprofen and aspirin upset her stomach, and she was having nausea and vomiting on ibuprofen and this was apparently helped with Protonix, as the 9/4/13 report states ibuprofen does not cause nausea or vomiting. Under anti-inflammatory medications, on page 22, MTUS states, "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP." The request appears to be in accordance with MTUS guidelines.

## **1 Urine Drug Screen: 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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** MTUS discusses the necessity of urine drug testing (UDT), but does not discuss the frequency. The issue appears to be the frequency of UDT as the patient already had a UDT on 3/13/13. The records show the patient was prescribed Vicodin, but the 3/13/13 UDT did not detect this on quantitative analysis. The 3/27/13 report form [REDACTED] goes over the negative finding, but does not provide any rationale or discussion about a possible false negative finding, an increase in the patient's risk factor from low to moderate or high, a change in medication treatment. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." There is no mention of the patient being at high, medium or low risk. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.

## **1 Pain Management Evaluation and Treatment: Overturned**

**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 Page(s): 88-89.

**Decision rationale:** The requesting physician, [REDACTED] is a pain management physician. He is also the PTP. The request for pain management follow-up was with [REDACTED] the PTP. MTUS for opioid management states there is no set visit frequency and recommends this be within 1 to 6 months. The PTP follow-up visits are in accordance with MTUS guidelines

**Prescription of Celebrex:** Overturned

**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 Page(s): 68-69.

**Decision rationale:** The patient had tried naproxen in the past and is currently using ibuprofen 800mg 3/day and aspirin. She is 64 years-old with history of GI issues. According to MTUS guidelines, the patient with high dose NSAID is at risk for GI events, and patients with this risk can use a Cox-2, such as Celebrex. The request appears to be in accordance with MTUS guidelines.