

Case Number:	CM13-0027851		
Date Assigned:	11/22/2013	Date of Injury:	07/10/2007
Decision Date:	01/31/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability evaluation, 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.

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 Claimant is a 60-year-old, who was working with [REDACTED] as a general manager. On July 10, 2007, the patient was outside of the building inspecting pool equipment accompanied by the pool contractor when he was physically attacked by one of the residents resulting in a cervical and lumbar spine injury, traumatic brain injury, bilateral shoulder injuries and injury to both wrists, among other injuries. Over the course of the years the patient has undergone treatment with multiple providers which has included diagnostic studies, medication, physical therapy, as well as surgery which includes surgical tooth implant. The patient also underwent left carpal tunnel release which was performed by [REDACTED] in 2009 as well as right carpal tunnel release I July 2009. In April of 2010, the patient underwent right shoulder surgery performed by [REDACTED] and later that year in October 2010, the patient had left shoulder surgery. Throughout the years of treatment for his work related injuries he remained under the primary care of [REDACTED] who coordinated all of the patient's treatment. In 2009 and 2010, with respect to pain management, the patient was referred to [REDACTED] specifically to the patient's lumbar spine; he was provided medication as well as facet blocks and ultimately a Radiofrequency neurotomy of the lumbar spine. With respect to the patient's cervical spine, the patient underwent 2 facet blocks and one epidural injection. He believes the epidural injection was more beneficial at that time. Within that time, the patient was seen by [REDACTED] for spine consultation. The patient believes he was found to be a surgical candidate for his cervical and lumbar spine. However, surgery has been denied. Subsequently, in 2011 the patient was transferred by [REDACTED] to [REDACTED], [REDACTED] for pain management. Treatment consisted of medication and most recently, in August 2012, the patient underwent one facet block of his cervical spine, which was only temporarily beneficial, relieving some of the neck pain for a short time. The patient has continued on pain medication to date. The patient has ongoing headaches associated with his trauma on a daily

basis. He describes the pain as throbbing and constant. This is unaffected by migraine medication. He experiences ringing in both ears, pain in his left eye as well as pain in his left jaw and dizziness. He continues with loose teeth for which is also related to his work injury and has been deemed compensable by the Agreed Medical Examiner. The patient has developed sleep apnea for which he receives treatment on a non-industrial basis. The patient has pain and discomfort in both shoulder (Status post bilateral shoulder surgery in 2010) which occurs daily and is constant. The pain increases with the same activities as described for the cervical spine as well as repetitive motion of the bilateral upper extremities. The patient is status post bilateral carpal tunnel syndrome (2009). Since that time, he has some ongoing pain and discomfort but believes it is related from his neck, which radiates into his hands and wrists accompanied by numbness and tingling. The patient has pain and discomfort, which occurs daily and is constant in his low back. There is radiating pain from his low back into both legs down to his feet, which is accompanied by numbness and tingling. The pain increases with physical activities such as prolonged sitting, standing and walking, bending, kneeling, stooping, forward bending, ascending, and descending stairs, pushing, pulling, lifting, and carrying greater than 10 pounds, going from a seated position to standing position and vice versa and lastly twisting and turning at the torso. He has difficulty falling asleep and awakens during the night due to his low back pain. There are spasms in his low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section Page(s): 85.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Also, the Chronic Pain Medical Treatment Guidelines states "urine drug screening is also used in Chelminski multi-disciplinary pain management program criteria: (Chelminski, 2005) Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed". Therefore the request for Urine Drug screening was medically necessary. The patient did not appear to be a candidate for a urine drug screen. A previous urinalysis was performed in March 2013 and June 2013. The request for a urine drug screen is not medically necessary or appropriate.

Norco 10/325mg, 50 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 52, 76, 77, and 93.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen) is Indicated for moderate to moderately severe pain however, page 76 through 77 MTUS stipulated specific criteria to follow before a trial of opioids for chronic pain management..Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). CA-MTUS section on Opioids Ongoing Management recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This has not been documented for this patient. The patient has been treated with opioids since 2007 without evidence of any significant improvement in pain or function. The request for Norco 10/325mg, 50 count, is not medically necessary or appropriate.

Miralax powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Section Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommended that Prophylactic treatment of constipation should be initiated when opioid is initially prescribed. Miralax is an osmotic laxative. Available evidence-based literature indicates that newer osmotic laxatives, such as Miralax, are safe and efficacious when used for the treatment of constipation for up to six months. Evidence-based literature also states that osmotic laxatives are likely to be effective in the - management of opioid induces constipation. However since the continued use of opioid in this patient is not medically necessary, the prescription of Miralax, is not medically necessary. The request for Miralax powder is not medically necessary or appropriate.