

Case Number:	CM13-0041534		
Date Assigned:	12/20/2013	Date of Injury:	05/17/2012
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine, Pulmonary Diseases, 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 61 year old male who reported an injury on 05/17/2012. The injury was noted to have occurred when the patient was assisting a passenger in a wheelchair. The patient's diagnoses include lumbar sprain, lumbosacral disc degeneration, and pain in the limb. The patient's medications are noted to include Protonix, Voltaren XR, Norco, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 77-80 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, urine drug tests may be recommended for patients taking opioid medications with documented issues of abuse, addiction, or poor pain control. The clinical information submitted for review failed to provide documentation regarding any aberrant drug-taking behaviors or other indication for urine drug screening. Therefore, the request for a urine drug test is not supported. Additionally, the patient was noted to have had a urine drug test on 09/25/2013 and the results were consistent with his

medications. Therefore, it is unknown why a repeat urine drug test would be required at this time. For these reasons, the request is non-certified.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular. Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with symptoms of dyspepsia related to NSAID use, or patients taking NSAID medications who have been shown to have risk for gastrointestinal events. Specific risk factors are noted as patients over the age of 65 years old; a history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; or high dose/multiple NSAID use. The clinical information submitted for review indicates that the patient is taking an anticoagulant for a recent diagnosis of atrial fibrillation and has been using an NSAID medication. For these reasons, the request is certified.

Voltaren XR 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects Page(s): 22, 71.

Decision rationale: According to the California MTUS Guidelines, anti-inflammatories are the traditional first line of treatment to reduce pain so that activity and functional restoration can resume, but long term use may not be warranted. The guidelines also specify that the use of Voltaren XR is recommended at 100 mg once daily for chronic therapy, and this medication should only be used as chronic maintenance therapy. As the guidelines indicate that anti-inflammatories are a first line treatment for pain and Voltaren XR is indicated to be used as chronic maintenance therapy, the request is supported by guidelines. As such, the request is certified.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Managemen Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include documentation at each office visit regarding the patient's pain relief, functional status, appropriate medication use, and the 4 A's of ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient's recent office notes provided failed to address these details required by the guidelines. Therefore, it is unknown what the patient's pain outcome is on his opioid medications, whether there have been any side effects, or any aberrant drug-taking behaviors. In the absence of these details required by the guidelines for the ongoing management of opioid medications, the request is not supported. As such, the request is non-certified.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include documentation at each office visit regarding the patient's pain relief, functional status, appropriate medication use, and the 4 A's of ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient's recent office notes provided failed to address these details required by the guidelines. Therefore, it is unknown what the patient's pain outcome is on his opioid medications, whether there have been any side effects, or any aberrant drug-taking behaviors. In the absence of these details required by the guidelines for the ongoing management of opioid medications, the request is not supported. As such, the request is non-certified.