MAXIMUS Federal Services

Case Number:	CM14-0001086		
Date Assigned:	01/22/2014	Date of Injury:	12/07/1999
Decision Date:	11/17/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 patient is a 64 year old female with an injury date of 12/07/99. Based on the 09/13/13 progress report provided by her provider, the patient complains of neck, bilateral upper extremity, and lower back pain radiating down her left lower extremity. There is weakness in the left ankle causing her to drag her foot sometimes with walking and scraping the toe of her shoe. Physical examination to the cervical and thoracolumbar spines revealed no tenderness to palpation or spasm. Range of motion of the lumbar spine was slightly decreased, especially on extension 20 degrees. Straight leg raising was negative. Progress report dated 07/30/13 states that patient has been treated with physical therapy, chiropractic treatment and medications including Trazodone, Vicodin and others following her injury. She is currently not seeing a physician. Patient medication list is not included in medical records provided. Diagnosis 09/13/13:- cervical spondylosis- lumbar spondylosis- bilateral upper extremity paresthesias- left sciaticaThe utilization review determination being challenged is dated 12/17/13. The rationale follows: 1) Norco 2.5/325mg and #60: "partially approved, no documentation of a maintained increasing function or decrease in pain with the use of this medication...no documentation of a maintained increasing function or decrease in pain with the use of this medication.."2) Ultram ER 150mg #60: "partially approved, no documentation of a maintained increasing function or decrease in pain with the use of this medication..."3) Naprosyn 550mg #60: "there is no evidence of osteoarthritis on exam/objective findings."4) Prilosec 20mg #60: "no evidence this claimant is at significantly increased risk for GI upset/bleed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88,89,78.

Decision rationale: The request is for Norco 2.5/325mg and #60. Her diagnosis dated 09/13/13 includes cervical spondylosis, lumbar spondylosis, bilateral upper extremity paresthesias and left sciatica. Patient medication list is not included in medical records provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not documented reason for prescribing this opiate other than subjective pain. In this case, treater has not stated how Norco reduces pain and allows patient to undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, request is not medically necessary and appropriate.

Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88,89,78.

Decision rationale: The patient presents with neck, bilateral upper extremity, and lower back pain radiating down her left lower extremity. The request is for Ultram ER 150mg #60. Her diagnosis dated 09/13/13 includes cervical spondylosis, lumbar spondylosis, bilateral upper extremity paresthesias and left sciatica. Patient medication list is not included in medical records provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Treater has not documented reason for prescribing this opiate other than subjective pain. In this case, treater has not stated how Ultram reduces pain and allows patient to undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including

discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary and appropriate.

Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The request is for Naprosyn 550mg #60. Her diagnosis dated 09/13/13 includes cervical spondylosis, lumbar spondylosis, bilateral upper extremity paresthesias and left sciatica. Patient medication list is not included in medical records provided. MTUS page 22 supports this medication for chronic lower back pain (LBP), as first-line treatment, at least for short-term. It is also supported for other chronic pain conditions.The patient presents with low back pain, however treater has not documented reason for prescribing this NSAID. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naprosyn. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. The request is not medically necessary and appropriate.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: Patient medication list is not included in medical records provided. Regarding non-steroidal anti-inflammatory drugs (NSAIDs) and gastrointestinal (GI)/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not documented reason for prescribing Prilosec. Though Naprosyn has been requested, there is no mention of dyspepsia secondary to NSAID therapy or that patient presents with gastritis and gastroesophageal reflux disease (GERD) for which proton pump inhibitor (PPI) would be indicated. Given the lack of documentation, the request is not medically necessary and appropriate.