

Case Number:	CM14-0001240		
Date Assigned:	01/22/2014	Date of Injury:	02/09/2011
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
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 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:

The injured worker is a female with date of injury 2/9/2011. Per primary treating physician's progress report, the injured worker complains of low back, neck, mid back, bilateral shoulder, bilateral knee and bilateral leg and arm pain. She states that her chief complaint is her right shoulder pain, followed by the cervical pain. She states she gets some pain relief from her pain medications; however, she is experiencing nausea, vomiting, and constipation from the Norco. Although medications help, she states her pain is currently not controlled and is rated as 10/10. She tried acupuncture and chiropractic therapy without good results. On exam there is tenderness over the cervical, thoracic and lumbar spine. There is diffuse tenderness over the right cervical facets as well as positive right-sided facet joint loading. There is tenderness to palpation over the right trapezius. There is diminished range of motion of the cervical and lumbar spine. Positive bilateral Faber test, and positive bilateral straight leg raise. Tenderness to palpation over the lumbar facets. Positive facet joint loading in the lumbar spine. Decreased sensation to light touch bilateral L4, L5, and S1 dermatomes. 4+/5 bilateral upper extremities and lower extremities. The diagnoses include 1) chronic pain syndrome 2) cervicgia, rule out cervical facetogenic pain 3) lumbago 4) rule out lumbar facetogenic pain 5) lumbar degenerative disc disease 6) cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

Decision rationale: The clinical documentation reports that the injured worker has chronic pain syndrome with pain in many areas, and there is no indication of acute exacerbation of her pain, or any new injury. Her back is tender to palpation, but there is no indication of any spasticity on physical exam. There is no indication of functional improvement of improvement in symptoms from the use of cyclobenzaprine. According to the MTUS guidelines, cyclobenzaprine is recommended by the guidelines for short periods with acute exacerbations, but not for chronic or extended use. The MTUS guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for cyclobenzaprine 7.5 mg #60 is determined to not be medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), Gastrointestinal (GI) Symptoms & Cardiovascular.

Decision rationale: This request was modified by the claims administrator to provide a 30 day supply of once a day dosing, so 30 tablets instead of the 60 tablets that were requested. It is noted in the requesting physician's plan that follow up will be in 4 weeks. According to the MTUS guidelines, proton pump inhibitors, such as omeprazole are recommended when using non-steroidal anti-inflammatory drugs (NSAIDs) if there is a risk for gastrointestinal events. In this case, there is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. She has experienced nausea, which is attributed to the use of Norco by the injured worker and the treating physician. Norco contains acetaminophen, which is not a NSAID. A review of the medications that the injured worker is prescribed does not indicate NSAID use. The request for omeprazole 20 mg is determined to not be medically necessary.

HYDROCODONE/APAP 10/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WEANING OF MEDICATIONS Page(s): 124.

Decision rationale: The claims administrator modified the request for 120 tablets to 90 tablets, indicating that since pain is uncontrolled with Norco and she is experiencing side effects from Norco, the medication should be weaned. The treating provider has already established the need to wean the medication, and the current prescription includes the plan to wean. The injured worker had been taking 6 tablets per day, so a 180 tablets over 30 days. The current plan is to reduce Norco use, up to 5 tablets per day as needed. The order for 120 tablets would provide for 4 tablets per day over 30 days, consistent with the treating physician's plan to wean the injured worker from Norco. The MTUS guidelines do not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request is consistent with a weaning treatment plan. The request for hydrocodone/APAP 10/325mg is determined to be medically necessary.

ONDASTETRON HCL 4 MG #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondasetron (Zofran).

Decision rationale: The MTUS guidelines were silent related to this issue. The Official Disability Guidelines (ODG) was consulted. The OGD do not recommend the use of ondansetron for nausea and vomiting secondary to chronic opioid use. The request for ondansetron HCl 4 mg #10 is determined to not be medically necessary.

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 DRUG TESTING Page(s): 43.

Decision rationale: The injured worker is prescribed opioid pain medications, but is also on a weaning regimen due to adverse side effects and poor pain control. The requesting physician has not provided any indication that aberrant drug behavior or diversion of prescription pain medications is taking place. The MTUS guidelines recommend urine drug screening as an option to assess for the use or presence of illegal drugs, and also in the management of chronic opioid use to avoid misuse; however, there is a lack of evidence for the need to use urine drug screening in this injured worker. The request for urine drug screen is determined to not be medically necessary.