MAXIMUS Federal Services

Case Number:	CM14-0107436		
Date Assigned:	08/06/2014	Date of Injury:	01/12/2009
Decision Date:	10/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 35-year-old male who reported injury on 01/12/2009 due to getting hit by a nightstick while on duty. The injured worker had diagnoses of degeneration of cervical intervertebral disc, cervical disc displacement and cervical radiculitis. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications consist of Prilosec, Percocet, naproxen, Flexeril, Cartivisc, and Restone. A UA obtained on 06/13/2014, showed that the injured worker was not in compliance with prescription. Results revealed that the injured worker was positive for Oxymorphone and tramadol, which were not prescriptions. On 08/26/2014, the injured worker complained of neck and left shoulder pain. Physical examination of the injured worker's cervical spine had tenderness at the left trapezius. There was tenderness to palpation present in the trapezius area with muscle spasm. Cervical spine range of motion was restricted. It was noted that the injured worker had forward flexion of 45 degrees, backward extension of 45 degrees, right lateral tilt of 30 degrees, left lateral tilt of 30 degrees, right rotation of 60 degrees, and left rotation of 60 degrees. Upper extremity reflexes were 1+ in the left biceps. There were no muscle spasms noted. Upper extremity sensation to light touch was diminished over the C6 dermatome, and over the C7 dermatome. Motor strength measured 5/5 in all upper extremity groups. Medical treatment plan was for the injured worker to continue use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec GI Symptoms & Cardiovascular Risk: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PRILOSEC GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The request for Prilosec 20 mg with a quantity of 60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted that the injured worker was taking naproxen 550 mg. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of the medication, cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency of the medication. As such, the request is not medically necessary.

Oxycontin 40 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OXYCONTIN, ONGOING MANAGEMENT Page(s): 75, 78.

Decision rationale: The request for OxyContin 40 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend OxyContin for moderate to severe chronic pain and there should documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. They further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. Guidelines also state that there should be assessments indicating what pain levels are before, during and after medication administration. The submitted documentation did not indicate that the OxyContin was helping the injured worker with any functional deficits he might have had. Additionally, the efficacy of the medication was not submitted for review. A urine drug screen was submitted on 06/13/2014, showing that the injured worker was not in compliance with his medications. It was noted that the injured worker was positive for Oxymorphone and tramadol, which were not in his prescriptions. The injured worker had an MED of a total of 120 mg. The submitted documentation also failed to indicate what the pain levels were before, during and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Percocet 10-325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Ongoing Management Page(s): 75, 86; 78.

Decision rationale: The request for Percocet 10/325 is not medically necessary. The California MTUS Guidelines recommend Percocet for moderate to severe chronic pain and there should documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. They further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. Guidelines also state that there should be assessments indicating what pain levels are before, during and after medication administration. The submitted documentation did not indicate that the Percocet was helping the injured worker with any functional deficits he might have had. Additionally, the efficacy of the medication was not submitted for review. A urine drug screen was submitted on 06/13/2014, showing that the injured worker was not in compliance with his medications. It was noted that the injured worker was positive for Oxymorphone and tramadol, which were not in his prescriptions. The injured worker had an MED of a total of 120 mg. The submitted documentation also failed to indicate what the pain levels were before, during and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

Decision rationale: The request for naproxen 550 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and in patients with acute exacerbation of chronic low back pain. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renal vascular risk factors. In patients with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The documentation indicates that the injured worker had been taking naproxen since at least 06/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review nor was it indicated that the medication was helping with any functional deficits. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Flexeril 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41.

Decision rationale: The request for Flexeril 7.5 mg with a quantity of 90 is no medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short course of therapy, the greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker had been taking this medication since at least 06/2014, exceeding the recommended guidelines for short term therapy. Additionally, the request as submitted is for Flexeril 7.5 with a quantity of 90, equaling an additional 3 months' supply, also exceeding the recommended guidelines for short term therapy. The efficacy of the medication unclear and not submitted with documentation warranting the continuation of the medication. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

Cartivisc 500/200/150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cartivisc, (Glucosamine And Chondroitin Sulfate), Page(s): 50.

Decision rationale: The request for Cartivisc is not medically necessary. The California MTUS recommend Cartivisc as an option given its low risk in patients with moderate arthritis pain, especially for knee arthritis. Studies have demonstrated a highly significant efficacy of crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In a recent meta-analysis, the authors found that the apparent benefits of Cartivisc were largely confined to studies of poor methodological quality, such as those with small patient numbers or ones with unclear concealment of allocation. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Cartivisc is not recommended for low back pain. Guidelines states that Cartivisc is significantly different from placebo for reducing pain related disability or improving health related qualities of life in patients with chronic low back pain and degenerative lumbar osteoarthritis. Given the lack of documentation as to how Cartivisc was helping the injured worker with any functional deficits, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.

Restone 3/100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 11/27/2011

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

Decision rationale: The request for Restone is not medically necessary. The Official Disability Guidelines indicate that Restone is for short treatment of insomnia, generally 2 to 6 weeks. Documentation submitted for review indicates that the injured worker had been taking the medication since at least 06/2014, exceeding the recommend guidelines for 2 to 6 weeks. Given the above, the injured worker is not within the ODG criteria. As such, the request is not medically necessary.