MAXIMUS Federal Services

Case Number:	CM14-0012233		
Date Assigned:	02/21/2014	Date of Injury:	09/16/2004
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 57-year-old female who reported an injury on 09/16/2004 secondary to a slip and fall. Her diagnoses include cervical spine degenerative disc disease with sprain, lumbosacral spine spondylosis, right shoulder impingement syndrome, lateral epicondylitis of the right elbow, and right wrist sprain. According to the medical records submitted for review, the injured worker has been treated previously with medications and a home exercise program. Her current medications were noted to include Voltaren XR, Norco, Xanax, Colace, Prilosec, and Flurbiprofen compound topical ointment. It was noted that she has used these medications since at least 10/18/2013. The injured worker was evaluated on 12/20/2013 and reported continuing pain in the cervical spine, lumbar spine, and bilateral shoulders. She also reported numbness and tingling in the hands and described radiating pain in the upper extremities bilaterally. She reported that her medications "helped to relieve her symptoms." On physical examination, the injured worker was noted to have tenderness to palpation over the paravertebral musculature of the cervical and lumbosacral spine. She was also noted to have a positive straight leg raise bilaterally and decreased sensation to both hands. The injured worker was recommended for continued medications and a urine drug screen. A request for authorization was submitted on 12/20/2013 for medications and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR 100MG #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, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The request for Voltaren XR 100 mg #60 is non-certified. The injured worker reported pain in both shoulders. She also reported pain in the cervical and lumbar spine radiating to the upper extremities bilaterally with numbness and tingling. It was noted that she used Voltaren since at least 10/18/2013. The California MTUS Guidelines state that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. The injured worker reported that her medications "helped to relieve her symptoms." There is a lack of recent documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Voltaren XR. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Voltaren XR. Furthermore, the request as written does not include a frequency for medication treatment, which fails to indicate that the requested medication has been prescribed in a safe and effective manner. As such, the request for Voltaren XR 100 mg #60 is non-certified.

COLACE 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The request for Colace 100 mg #60 is non-certified. It was noted that the injured worker has used Colace since at least 10/18/2013. Her current medications were also noted to include Norco. The California MTUS Guidelines recommend prophylactic treatment of constipation with concurrent use of opioid medications. However, the request as written does not include a frequency for medication treatment. Therefore, it cannot be determined that the requested medication has been prescribed in a safe and effective manner. As such, the request for Colace 100 mg #60 is non-certified.

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is non-certified. According to the medical records submitted for review, the injured worker has used Prilosec since at least 10/18/2013. Her current medications were also noted to include the NSAID Voltaren XR. The

California MTUS Guidelines do not recommend prophylactic use of a proton pump inhibitor unless the injured worker is noted to be at high risk for gastrointestinal events. These risk factors include age over 65 years old and a history of peptic ulcer, GI bleeding, or perforation. There is a lack of documented evidence to indicate that the injured worker has a history of peptic ulcer, GI bleed, or perforation. Therefore, use of Prilosec is not indicated at this time. Furthermore, the request as written does not include a frequency of medication treatment. Therefore, it cannot be determined that the requested medication has been prescribed in a safe and effective manner. As such, the request for Prilosec 20 mg #60 is non-certified.

ALPRAZOLAM XR 0.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The request for alprazolam XR 0.5 mg #60 is non-certified. The medical records submitted for review indicate that the injured worker has used alprazolam since at least 10/18/2013. The California MTUS Guidelines do not recommend benzodiazepines such as alprazolam for long-term use as long-term efficacy is unproven and there is a risk of dependence. These guidelines do not recommend use beyond 4 weeks. As the injured worker was noted to have taken alprazolam for at least 2 months, additional use of alprazolam is excessive according to the evidence based guidelines for treatment duration. Additionally, the injured worker reported that her medications have "helped her to relieve her symptoms." There is a lack of recent documented evidence of objective functional improvement regarding activities of daily living with the injured worker's use of alprazolam. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of alprazolam. Furthermore, the request as written does not include a frequency of medication treatment, which fails to indicate that the requested medication has been prescribed in a safe and effective manner. As such, the request for alprazolam XR 0.5 mg #60 is non-certified.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is non-certified. According to the medical records submitted for review, the injured worker has used Norco since at least 10/18/2013. The injured worker reported that her medications have "helped her to relieve her symptoms." The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued use of opioid medications. There is a lack of recent documented evidence of

quantifiable pain relief and objective functional improvement with the injured worker's use of Norco. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Norco. Additionally, the documentation submitted for review fails to provide a recent urine drug screen to monitor for appropriate medication use. Furthermore, the request as written does not include a frequency of medication treatment. Therefore, it cannot be determined that the requested medication has been prescribed in a safe and effective manner. As such, the request for Norco 10/325 mg #60 is non-certified.