

Case Number:	CM14-0110285		
Date Assigned:	08/01/2014	Date of Injury:	08/06/2010
Decision Date:	12/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 53 years old female with an injury date of 08/05/10. The 06/03/14 progress report states that the patient presents with severe lower back pain with leg weakness. This report states the patient is working. Examination reveals lumbar spine spasms and restricted range of motion. The patient's diagnoses include: 1. Chronic pain syndrome 2. Lumbar sprain/strain, cervical sprain/strain Medications are listed as Norco, Tramadol, Anaprox, and Prilosec. The utilization review being challenged is dated 06/12/14. The rationale regarding the Urine Tox Screen is that once a year is recommended for low risk, there was a recent test and the test was not provided. Reports were provided from 03/04/14 to 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lower back pain with leg weakness. The treater requests for NORCO 10/325 #240 (Hydrocodone/Acetaminophen, an opioid). The reports show the patient has been taking these medications since at least 03/04/14. 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." The reports provided do not show that pain is routinely assessed through the use of pain scales but before and after scales are not provided to show analgesia. The treater does state the patient is working but does not mention whether or not medications are helping the patient to work. Opiate management issues are not addressed. The treatment plans for 04/01/14 and 06/03/14 indicate UDS is to be run; however, no reports are provided or discussed. There is no discussion of side effects, aberrant behavior or use of [REDACTED]. Outcome measures are not provided as required by MTUS. In this case, the request is not medically necessary.

Anaprox 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient presents with lower back pain with leg weakness. The treater requests ANAPROX 550 mg #60 (Naproxen, and NSAID). MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS supports this medication for chronic lower back pain. The most recent treatment report dated 06/03/14 appears to show the patient to be just starting this medication. Neither Anaprox nor other NSAIDs appear on prior reports going back to 03/04/14. The treater states the medication is for mild to moderate pain for the spine. In this case, the medication is supported as a first line treatment for chronic lower back pain which is present in this patient. The request is medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The patient presents with lower back pain with leg weakness. The treater requests for PRILOSEC 20 MG #60 (Omeprazole). The reports show the patient has been using this medication since at least 03/04/14. MTUS Guidelines NSAIDs, GI symptoms and

cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. On 06/03/14 the treater states that the medication is for gastric ulcer protection. The reports indicate the patient recently started an NSAID on 06/03/14, but NSAIDs do not show on reports dated 03/04/14 through 05/01/14 at a time the patient appears to be using Prilosec. No GI issues are documented for this patient and no GI risk assessment is provided as required by MTUS. In this case the request is not medically necessary.

Tramadol 37.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

Decision rationale: The patient presents with lower back pain with leg weakness. The treater requests for TRAMADOL 375 mg #120 (an opioid analgesic). 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." The reports appear to show the patient started this medication on 06/03/14. The reports also show the use of opioids by this patient (Norco-Hydrocodone) since at least 03/04/14. In this case, pain is not routinely assessed through the use of pain scales. The treater does state that the patient is able to work. Opiate management issues are not addressed. The treatment plans for 04/01/14 and 06/03/14 indicate UDS is to be run; however, no reports are provided or discussed. There is no discussion of side effects, aberrant behavior or use of [REDACTED]. Outcome measures are not provided as required by MTUS. In this case, there does not appear to be sufficient documentation to support long-term opioid use. The request is not medically necessary.

Urine Tox Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain chapter, Urine drug screen

Decision rationale: The patient presents with lower back pain with leg weakness. The treater requests for URINE TOX SCREEN. MTUS guidelines do not specify the frequency of UDS for risks of opiate users. ODG guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. The reports provided show opiate use for this patient since at least 03/04/14; however, it is not known exactly when use started. Treatment plans show UDS on 04/01/14 and 06/03/14 and an RFA for UDS is provided dated 06/04/14. The utilization review of 06/12/14 shows that a UDS was certified on an unknown date prior to this more recent request. This certified UDS report was not provided for the Utilization review or included in these reports, and it is unclear if screen was in fact completed. The treater does not discuss this request. Three to four UDS's per year may be appropriate for high risk opiate users, but the treater does not provide risk assessment for this patient. A test at a frequency of every two months appears to be too often for routine monitoring. In this case, the request is not medically necessary.