

Case Number:	CM14-0113668		
Date Assigned:	08/04/2014	Date of Injury:	05/03/2005
Decision Date:	10/02/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice and is licensed to practice in Texas. 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 44-year-old male with a reported date of injury on 05/03/2005. The mechanism of injury was not submitted within the medical record. His diagnosis was noted to include a herniated disc. His previous treatments were noted to include medications and surgery. The progress note dated 05/09/2014 revealed complaints of pain to the mid thoracic area that radiated to the back of the head that caused headaches. The physical examination to the cervical and lumbar spine revealed well healed incisions. The thoracic spine revealed tenderness to the paraspinals and decreased range of motion with pain. The progress note dated 06/10/2014 revealed complaints of pain to the mid thoracic area that radiated to the back of the head that caused headaches. The thoracic spine pain was caused by direct pressure. The physical examination of the cervical and lumbar spine revealed well healed incisions. The thoracic spine had noted tenderness to the paraspinals with pain to the vertebral area and decreased range of motion secondary to pain. The Request for Authorization Form dated 07/02/2014 was for epidural steroid injections for thoracic spine area for pain, Psychiatry Consult regarding depression, Prilosec 20 mg #90, Ultram 150 mg #90, flurbiprofen 120 mg tube, Norco 10/325 mg #240, and Narcosoft 775mg #60; however, the provider's rationale was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg #90- dispensed 6/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk, Page(s): 68.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines state that clinicians should determine if the patient is at risk for a gastrointestinal event such as the age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or are using a high dose/multiple NSAIDs. There is a lack of documentation regarding efficacy or improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Retrospective request for Ultram 150mg #90-dispensed 6/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding side effects and a urine drug screen performed 04/07/2014 revealed inconsistent medications. Therefore, due to the lack of documentation regarding significant pain relief, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Retrospective request for Flurbiprofen 120mg tube-dispensed 6/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen Page(s): 111, 72.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Flurbiprofen is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. There is a lack of documentation regarding efficacy or improved functional status with the utilization of this medication. The guidelines recommend topical NSAIDs for 2 weeks, and flurbiprofen is not approved for topical application. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Retrospective request for Norco 10/325mg #240-dispensed 6/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding side effects and a urine drug screen performed 04/07/2014 revealed inconsistent medications. Therefore, due to the lack of documentation regarding significant pain relief, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Retrospective request for Narcosoft 755mg #60-dispensed 6/12/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drugs-160422-Narcosoft+Oral.aspx?drugid=160422&drugname=Narcosoft+Oral&source=0&pagenumber=4>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. There is a lack of documentation regarding the injured worker suffering from constipation and the previous request for opioid medications was not medically necessary. Therefore, the utilization of Narcosoft is not appropriate at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Psychiatry consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398, Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The injured worker complains of depression. The CA MTUS/ACOEM Guidelines state specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Segmental illnesses are chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. It is recognized that a primary care physician or other nonpsychological specialist may commonly deal with and try to treat psychiatric conditions. It is recommended that severe conditions such as severe depression and schizophrenia be referred to a specialist while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use his or her best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The included medical documentation lacks evidence of significant deficits related to the injured worker's mental health. There were no signs and symptoms or diagnoses that would be congruent for a referral to a psychiatrist. As such, the request is not medically necessary.

Thoracic spine Epidural Steroid Injection (ESI) in area of pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

Decision rationale: The injured worker complains of thoracic spine pain that radiates to the back of the head, causing headaches, and is caused by direct pressure. The California Chronic Pain Medical Treatment Guidelines state epidural steroid injections are an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies

and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should not be at an interval of less than 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected in 1 session. There is a lack of documentation regarding significant clinical findings in regard to radiculopathy or imaging studies to corroborate radiculopathy. Additionally, the request failed to provide the levels and whether fluoroscopy will be used for guidance. Therefore, the request is not medically necessary.